

# Exhibit 9



SANJA MEDICH

Complainant,

vs.

CORIZON HEALTH, INC.; PHYSICIAN  
AFFILIATE GROUP OF NEW YORK, P.C.;  
THE NEW YORK CITY HEALTH &  
HOSPITALS CORPORATION; and THE  
CITY OF NEW YORK

Respondents.

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LINDA UNNELAND,

Complainant,

vs.

CORIZON HEALTH, INC. and  
THE CITY OF NEW YORK

Respondents.

---

SERENA THOMPSON,

Complainant,

vs.

CORIZON HEALTH, INC.; PHYSICIAN  
AFFILIATE GROUP OF NEW YORK, P.C.;  
THE NEW YORK CITY HEALTH &  
HOSPITALS CORPORATION; and THE  
CITY OF NEW YORK

Respondents.

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**U.S. EQUAL EMPLOYMENT  
OPPORTUNITY COMMISSION**

**Charge Nos. 520-2016-03017;  
520-2016-03018;  
520-2016-03039;  
520-2016-03041**

**AFFIRMATION OF  
JESSICA LEE**



ANNIE PETRARO,

Complainant

v.

CORIZON HEALTH, INC.; PHYSICIAN  
AFFILIATE GROUP OF NEW YORK, P.C.;  
THE NEW YORK CITY HEALTH &  
HOSPITALS CORPORATION; and THE  
CITY OF NEW YORK

Respondents.

Jessica Lee, affirms the following under penalty of perjury:

1. I was the Vice President of Operation for Corizon Health Rikers until December 31, 2015 and was responsible for the oversight of Corizon's operations in a few New York City jails, including Rikers Island. I have personal knowledge regarding the allegations made by Sanja Medich, Serena Thompson, Annie Petraro and Linda Unneland in their charges, and submit this Affirmation to address those allegations.

2. Prior to December 31, 2015, Corizon Health, Inc. ("Corizon") provided healthcare services to inmates at certain prisons in the City of New York, including Rikers Island. The services were provided in accordance with a contract between Corizon and the New York City Department of Health and Mental Hygiene ("DOH"). Corizon's contract with the DOH expired on December 31, 2015 and was not renewed. As of January 1, 2016, Corizon no longer provides healthcare services to inmates in the City of New York, including Rikers Island.

3. Corizon's contract with the DOH was for the purpose of providing health care services. Corizon had no responsibility for security in the jail or the conduct of the inmates. At all times, the Department of Corrections ("DOC") was responsible for the security measures required to control the inmates and keep safe all civilians working in the prison.



4. In addition, Corizon did not own or operate the physical facilities at Rikers Island. The DOC was also responsible for implementing physical changes and improvements to the facilities and providing security in the facilities. These safety and security responsibilities fell solely within the province of the DOC, not Corizon.

5. Notwithstanding the fact that security and monitoring the conduct of the inmates were the responsibility of the DOC, Corizon always maintained a zero-tolerance policy with respect to any forms of workplace violence or harassment, including sexual harassment. A true and correct copy of Corizon's sexual harassment policy is attached hereto as Exhibit A.

6. Corizon's policies and practices concerning employee safety were further improved upon after a 2013 Occupational Safety and Health Administration ("OSHA") investigation into alleged incidents of workplace violence by inmates at the facilities. As part of the investigation, Corizon worked with OSHA, and the DOC to prevent physical violence and verbal harassment in the workplace. In November 2014, Corizon implemented a written Workplace Violence Prevention Program which had eight components: (1) an initial orientation and ongoing training; (2) an incident reporting system; (3) a facility-based safety committee; (4) an Island-wide safety committee; (5) a risk management committee; (6) a reporting system for hazardous conditions; (7) an aggressive patient alter system; and (8) a safety suggestion box. (Exhibit B, Workplace Violence Prevention Program at 1-2). As part of Corizon's policy at initial orientation and during training, all employees participate in several orientation modules, including "Prevention of Patient Sexual Abuse" and "Prevention of Sexual Harassment and all forms of Discrimination." (Exhibit B at 3-4). Corizon also partnered with the DOC to provide weekly training known as "Situation Awareness" to new and existing employees to remind them of the potential dangers when encountering inmates and ways to keep safe. The Program also



contains an incident reporting system establishing a procedure by which any employee feeling threatened in the workplace can submit a report to their supervisor or management. Exhibit B at 6. Corizon explicitly made clear that there will be “**zero tolerance for retaliation** against any employee for making a complaint.” Id. at 7 (emphasis in original). In addition, Corizon made clear that inmate discipline is handled by the DOC. Id. Employees were also advised that they may file a complaint against an inmate through the District Attorney’s office. Id.

7. The Workplace Violence Prevention Program also contained policies that established Island-wide and facility-based safety committees and a risk management committee dedicated to ensuring a safe workplace for employees. (Exhibit B at 9, 11). The Island-wide committee inspects various pieces of safety equipment, such as cuff bars and panic alarms, and identifies any potential safety deficiencies, which are then reported to the DOC for corrective action. (Exhibit B at 9-10). Likewise, the risk management committee addresses issues of substantiated employee complaints, unsafe conditions, and identifies opportunities for improvement. (Exhibit B at 11-12).

8. The Program also provided for the implementation of an aggressive patient alert system. (Exhibit B at 14). Inmates with a history of aggression, violence, or who otherwise exhibit dangerous behavior are flagged on their electronic medical records. (Exhibit B). Aggressive patient reports are generated daily and are disseminated to all front line staff. The policy encourages staff to review the aggressive patient report and to inform a DOC corrections officer in the area before seeing a flagged patient. Through the implementation of these policies, Corizon also encouraged employees to submit suggestions for improving safety and security in the workplace through the use of a safety and security suggestion box. Suggestions may be done anonymously. (Exhibit B). Corizon reviewed the suggestions daily,



and those suggestions related to remedial action out of Corizon's control were forwarded to the DOC.

9. After the investigation, Corizon entered into a July 1, 2015 settlement agreement with OSHA whereby it agreed to implement abatement measures to address the situation consistent with the Workplace Violence Prevention Program. A copy of the relevant portions of the settlement agreement are attached hereto as Exhibit C. The remedial measures outlined in the settlement agreement provide employees with a means of reporting and addressing not only workplace violence, but any and all concerns, including sexual harassment. Specifically, Corizon implemented the following:

- A thorough assessment of workplace hazards and recommendations for remedial measures to address identified hazards;
- Revised workplace violence and anti-retaliation policies;
- The creation of site-specific safety committees whereby employees could raise any and all concerns with Corizon;
- A review of Corizon's anonymous complaint hotline used to report any employee concerns; and
- Revised employee training programs for workplace violence.

10. Pursuant to the settlement agreement, Corizon also agreed to seek greater coordination with the DOC in implementing improvements to the physical facilities that were beyond Corizon's control, such as installing panic alarms, cuff bars, immovable inmate seating in health clinics, video cameras, and hallway mirrors.

11. As part of the Workplace Violence Prevention training, employees were reminded that "Corizon Health does not own or operate the correctional facilities and, as such, is



not responsible for providing security to all civilian personnel working in the correctional system. Therefore, for the safety of Corizon employees, all policies and procedures must be followed.” See Exhibit B.

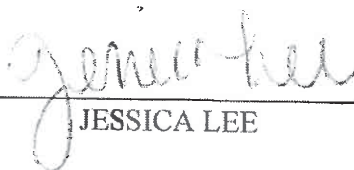
12. At all times before and after the OSHA investigation, Corizon encouraged its employees to be vigilant in the workplace and to promptly report inappropriate inmate conduct. As part of the remedial measure implemented after the investigation, Corizon advised all employees to continue to report incidents of sexual harassment to their supervisor, and to the DOC Clinic Captain, who was best able to remediate instances of alleged sexual harassment involving inmates.

13. Corizon never retaliated against employees for complaining about inappropriate conduct by inmates. Corizon expressly informed employees that it “supports an employee’s independent decision to file an incident report with the [DOC], free from the fear of retaliation, to have an infraction filed against the patient.” Corizon also emphasized that employees have the right to file formal charges against an inmate should it be necessary. A memo sent to all staff provided a phone number for Corizon employees to make these reports. A copy of Corizon’s August 14, 2015 Memorandum entitled “Sexual Harassment by Patients” is attached hereto as Exhibit D.

14. Corizon no longer provides services on Rikers Island and has no knowledge whether the new provider continues to implement the improvements agreed to in the Settlement Agreement.



I affirm that the statements made by me are truthful to the best of my knowledge.

  
JESSICA LEE

DATED: *November 1, 2016*



# Exhibit 10



## Annex A: Scope of Services

	Page
I. CLINICAL SERVICES .....	1
A. Medical Services .....	1
1. Intake .....	1
2. Sick Call .....	2
3. Follow-up .....	2
4. Laboratory Services .....	2
5. Pharmacy .....	3
6. Specialty Care .....	3
7. Emergency Care .....	3
8. Infection Control .....	4
9. Chronic Conditions .....	4
10. Substance Abuse Treatment .....	4
11. Sharps .....	5
12. Pilot Programs .....	5
13. Reporting .....	5
14. Disaster Planning/Emergencies .....	5
15. Emergency Care for Non-Inmates .....	7
16. Women's Health Care Services .....	7
17. Infants .....	7
18. Prosthetic Devices .....	8
19. Transitional Healthcare .....	8
20. Accreditation .....	8
21. Patient Relations Program .....	8
22. Human Rights .....	8
23. Condom Distribution .....	9
B. Dental Services .....	9
C. Mental Health Services .....	9
1. Timely and Appropriate Mental Health Services .....	9
II. DOC RELATED ACTIVITIES .....	10
A. Cooperation .....	10
B. Food Handlers .....	10
C. First Aid .....	11
D. Staff .....	11
III. ON-ISLAND TRANSPORT .....	12
IV. TRANSLATION AND INTERPRETATION SERVICES .....	12
V. CULTURAL SENSITIVITY .....	13



VI.	LEASES .....	13
VII.	STAFFING AND SUPERVISION .....	13
	A. Staffing Requirements .....	13
	B. Modifications in Staffing Requirements .....	14
	C. Vacancies .....	14
	D. Specific Medical Staffing Requirements .....	15
	E. Evaluations .....	16
VIII.	HEALTH CARE PROFESSIONAL QUALIFICATIONS .....	16
IX.	TRAINING AND ORIENTATION .....	17
X.	NON-PHYSICIAN PROVIDER QUALIFICATIONS .....	18
XI.	HIRING .....	18
	A. Program Director .....	18
	B. Other Staff .....	20
XII.	ASSIGNMENT OF PROVIDERS .....	20
XIII.	QUALITY IMPROVEMENT AND PATIENT RELATIONS .....	21
	A. Quality Improvement .....	21
	B. Mortality and Morbidity Meetings .....	21
	C. Patient Relations/Risk Management .....	22
XIV.	COMPUTERS .....	22
XV.	ELECTRONIC HEALTH RECORDS .....	23
XVI.	DATA SECURITY .....	23
XVII.	ELECTRONIC RECORDKEEPING .....	24
XVIII.	DIGITAL RADIOGRAPHY AND OTHER TECHNOLOGY .....	24
XIX.	RESPONSIBILITIES OF PROFESSIONAL EMPLOYEES .....	25
XX.	MAINTENANCE OF MEDICAL RECORDS .....	25
XXI.	EQUIPMENT .....	27
	A. Maintenance .....	27
	B. Ownership .....	27
	C. Repairs, Replacement .....	28
	D. Inventory .....	28



XXII.	WAREHOUSE: PROVISION OF SUPPLIES .....	28
XXIII.	SUPPLIES AND MEDICATIONS .....	28
	A. Forms .....	28
	B. Review .....	29
	C. Inventory .....	29
	D. Supplies .....	29
XXIV.	ADDITIONAL SERVICES .....	30
	A. Chronic Care Management .....	30
	B. Public Health .....	30
	C. Mental Health Training .....	30



## Annex A: Scope of Services

*The Clinical Contractors shall have the sole responsibility of providing the Medically Necessary Services in accordance with the terms set forth herein, community standards, and the Regulations as defined in Part I, Section III of this Agreement; the Administrative Contractor shall not perform such services. Such services shall be evaluated periodically using the Performance Indicators and "Never Events" specified herein, as well as site visits and document inspections at the Department's discretion. All contract services shall be funded in accordance with the Budget contained in Annex B attached hereto and incorporated herein. The Budget may be modified, as agreed upon, pursuant to Part I, Article IV (A).*

### **I. CLINICAL SERVICES**

#### **A. Medical Services.**

CMA shall be solely responsible for providing all Medically Necessary Services on a timely basis, except those requiring treatment at an inpatient hospital and specialty care services which are not included under this agreement, and shall ensure that one or more Physicians employed by or under contract with CMA shall be physically on the premises of each Institution at all times unless otherwise determined by the Department. CMA shall provide services to Inmates transported to the designated Institutions from other DOC-operated facilities when the required medical care is not available at such other facilities. When requested to do so, CMA staff shall participate in the coordination of care between health care settings.

##### **i. Intake.**

CMA shall perform an intake examination of all inmates in accordance with protocols and timeframes developed by the Department and consistent with the Minimum Standards promulgated by the New York City Board of Correction ("BOC"). CMA shall make intake examinations available 24 hours per day, seven days per week, and shall assure that staff is assigned efficiently and productively in a manner that minimizes waiting time for patients. The Medical Contractor's Health Services Administrator ("HSA") in each facility shall monitor the flow of new admission processing and make best efforts to ensure that patients do not spend more than four hours from the time they are designated as clinic ready by DOC waiting to complete their new admission histories and physicals. Examinations shall be performed on an expedited basis for patients waiting more than four (4) hours in the clinic. Intake shall include oral health assessment and referral for dental treatment, as necessary.

- a. CMA shall monitor the time from when the patient is presented until the completion of the exam and DOC is notified that the exam has been completed.



- b. CMA shall utilize the most current electronic intake forms and procedures designed and distributed by the Department in accordance with Department policy and procedure. Such forms and procedures may be amended periodically.
- c. All other paper forms and documents that constitute part of a patient's medical record shall be scanned into the patient's electronic medical record in accordance with Department policy. Completion shall include all required signatures.

2. Sick Call.

- a. CMA shall ensure patient access to sick call on a daily basis from Monday through Friday excluding City holidays. Patient health issues will be assessed and treated as clinically indicated under the supervision of a physician.
- b. Medical staff shall treat patients requiring emergency or urgent care immediately upon notification.
- c. CMA shall provide daily cell side assessment of inmates in segregated housing units.

3. Follow-up.

- a. CMA shall, in each Facility, schedule and see patients for follow-up care or treatment as clinically indicated and within clinically and procedurally appropriate timeframes. It shall notify DOC, in accordance with policies and procedures, when patients are required to be seen in clinic for follow-up.
- b. CMA shall ensure that all patients with known or suspected chronic conditions are seen by a clinician for further examination, ongoing treatment and development of a treatment plan.

4. Laboratory Services.

- a. The Contractors shall be responsible for the provision of laboratory services in accordance with community standards. Such services include, but are not limited to, prescribing laboratory tests targeted to diagnose presenting symptoms, and to confirm or rule out suspected conditions. CMA shall review all laboratory results and reports in a timely fashion and perform clinically appropriate treatment.



- b. Laboratory services shall be provided pursuant to a subcontract between Corizon and Bio-Reference Laboratories, Inc. Provision of laboratory services by another subcontractor shall be subject to Department approval.
  - c. The Department shall reimburse Corizon for all reasonable and necessary costs associated with laboratory services in accordance with Annex B.
  - d. Laboratory services shall include, but not be limited to, courier services of lab reports and/or samples, reports as required by CMA and the Department, and the provision of supplies and technical support related to laboratory services.
5. Pharmacy.

CMA shall provide, in accordance with Department policies and procedures, pharmacy management services including but not limited to the preparation and dispensing of medicines prescribed by clinical staff. Pharmacy staff shall be responsible for managing the inventory and submitting all required reports.

6. Specialty Care.

The Clinical Contractors shall provide specialty care services in accordance with Department policies and procedures at Institutions designated by and on a schedule approved by the Department. On-Island specialty care services to be provided by CMA/CDA shall include: Cardiology, Nephrology, Optometry, Orthopedics, Oral Surgery, Physical Therapy, Podiatry, Surgery and OB/GYN, at the hours of service specified in Attachment 4 attached hereto and incorporated by reference. This list is subject to change upon request from the Department subject to Part I Article IV.A.1 of this Agreement. The Clinical Contractors shall immediately notify the Department if at any time it is not able to provide specialty care services as otherwise scheduled by the Department.

The Clinical Contractors may utilize subcontractors to provide specialty care services, subject to Department approval.

At the discretion of the Department, CMA may hire a certified specialist in wound care to provide care in the NIC and other designated facilities, as deemed necessary.

7. Emergency Care.

CMA shall provide emergency services, intervention and referrals 24 hours/day, 7 days/week and shall designate the staff person at each facility, prior to each tour, to respond to medical emergencies. Depending upon the severity of the emergency, inmates may be treated at the facility, at Urgicare



or transferred to a hospital in accordance with the Department's protocol and Article VII of the Agreement.

All medical and nursing staff shall participate annually in an Emergency Training program, with "man down" drills to be held in each Institution for staff assigned to each tour. Such drills are to be critiqued by supervisory staff. Reports documenting each individual's participation in the Emergency Training program shall be presented to the CHS Medical Director at CHS Clinical Multi-disciplinary Quality Improvement Committee meetings.

8. Infection Control.

CMA shall maintain an Infection Control Program monitored by the Infection Control Committee, a multidisciplinary committee including medical, nursing, administrative and ancillary personnel of CMA responsible for making decisions and implementing programs designed to effect maximum protection for inmates and staff. There shall be an Infection Control Coordinator—to be designated by CMA and who shall report to the Department's Director of Nursing—to implement programs and act as liaison with the Department and other interested government agencies including the Centers for Disease Control and Prevention. Infection Control staff shall offer training to staff on such matters as infection control, decontamination and isolation based on appropriate laws, regulations and federal guidelines.

9. Chronic Conditions.

The Clinical Contractors shall treat inmates with chronic medical conditions in accordance with Department Policies and Procedures, as amended from time to time. Chronic care diagnosis and treatment shall be informed by available resources, including, but not limited to, consultation with specialists or Site Medical Directors and/or Department-selected electronic resources such as UpToDate.

CMA shall provide hemodialysis to all patients requiring such services. All patients shall be assessed by a nephrologist employed by CMA who shall determine and implement an appropriate treatment plan.

10. Substance Abuse Treatment.

CMA shall assess patients during the intake examination for alcohol and drug dependency and/or symptoms of withdrawal. As appropriate, patients will be detoxified and referred to program counselors. Patients may be housed in the infirmary for close monitoring. Mental health staff shall also evaluate all inmates admitted to mental health services for the presence of substance abuse and may, as clinically appropriate, refer inmates for participation in the Co-Occurring Treatment Disorders Unit housed in a mental health observation



unit. Appropriate patients will be considered for methadone maintenance and, when appropriate, enrolled in the KEEP (methadone maintenance/opiate detoxification) program. CMA shall also cooperate with and implement additional substance abuse programs initiated by the Department, including ARNT ("A Road Not Taken"), an evidence-based substance abuse treatment program based on the tenets of Cognitive Behavioral Therapy, Motivation Interviewing, and Therapeutic Communities that addresses criminogenic thinking and underlying drug addiction.

11. Sharps.

CMA shall count sharps at the change of each tour and record the count. Such record shall be submitted to the Department and DOC. CMA shall immediately report discrepancies to DOC and the Department. The Department and DOC reserve the right to conduct random, unscheduled audits and to supervise the count.

12. Pilot Programs.

The Department reserves the right to develop protocols and/or pilot programs that the Contractors will implement. Such protocols and/or pilot programs may include, but will not be limited to chronic care management and the distribution of certain over-the-counter medications. The Department shall review the Budget implications of any such protocols or pilot programs and may modify Annex B to fund such projects if it determines that additional funding is required.

The Department shall provide CMA with a written proposal, specifying the scope, duration, and anticipated performance standards of any pilot project. CMA, through its management services provider, Corizon, shall respond with a cost estimate with respect to such proposed project. No pilot project shall proceed without the final approval of the Assistant Commissioner.

13. Reporting.

CMA shall be responsible for reporting to the designated Department bureau all communicable diseases, including, but not limited to, sexually transmitted diseases, as required by law and regulation.

14. Disaster Planning/Emergencies.

- a. The Contractors shall review their disaster plans annually and revise them as necessary. Such plans will be consistent with National Commission on Correctional Health Care (NCCHC) or other applicably recognized standards, and appropriate drills will be conducted to ensure preparedness for emergency. The Contractors shall, within 30 days from the effective



date of this Agreement, submit to the Department for review and approval the most current version of the plan.

- b. The Contractors shall participate, as necessary and appropriate, in the Emergency Preparedness Plan in cooperation with DOC and the Department. An appropriate member of the Contractors' staff shall be present in the DOC Emergency Command Center whenever it is activated.
- c. The Contractors shall provide all contract services in a timely and appropriate manner regardless of the occurrence of any unanticipated incidents, contingencies or circumstances at the Institutions, and regardless of fluctuations in the Inmate census, except to the extent prevented by disasters, catastrophes or other acts of God or strikes by non-Contractor personnel. The Contractors shall have developed contingency plans approved by the Department that ensure the availability of staffing sufficient to provide all contract services in the event of an emergency (e.g., job action or strike by health professionals or other employees, emergency opening of a closed housing area of Institution which necessitates additional staff beyond the number and type of health professionals specified herein). The Contractors recognize that certain circumstances (including, but not limited to, Inmate riots or rebellions or actions by DOC) may cause a temporary disruption in the normal volume of, or demand for, contracted services. The Contractors agree that, upon cessation of any such disruption, they will meet any increased volume of such services in accordance with, and within the time limits specified in this Agreement.
- d. In the event of an emergency including DOC changes in the location or classification of a jail when advance notice is not possible, the Contractors shall have thirty (30) days in which to implement a contingency plan, with respect to each Contractor's respective services contemplated hereunder, which shall be approved by the Department. Such plan may allow "holiday" staffing. At the end of thirty (30) days, the Contractors and their subcontractors shall provide full applicable services, as provided herein.
- e. The Contractors shall cooperate fully with the Department to provide emergency or other services not otherwise specified herein whenever an emergency is declared by the City of New York or upon request from the Department, the New York City Office of Emergency Management or by another city agency on behalf of the Mayor of the City of New York. Such cooperation may include, but is not limited to, the provision of medical services by staff employed by CMA in locations to be determined.



15. Emergency Care for Non-Inmates.

In the event a DOC employee or other non-inmate is injured or becomes ill, CMA shall stabilize the condition of such person and call 911 or make a referral to the DOC Health Management Division, as appropriate.

If a DOC or DOHMH employee or an employee of the Contractors is exposed to a blood-borne pathogen in one of the Institutions, or in a job-related accident, CMA shall provide initial post-exposure prophylaxis as clinically indicated. See also Article II.C., below, "DOC-related Activities."

16. Women's Health Care Services.

- a. CMA shall provide comprehensive medical, mental health, and psychosocial services as clinically indicated at RMSC including but not limited to obstetrics and gynecology, mental health, preventive health (including PAP smears and mammograms), communicable disease screening and treatment, and substance abuse/dependence screening and treatment.
- b. All pre-natal care shall be provided in accordance with the standards of care promulgated by the American College of Obstetrics and Gynecology in addition to the Department's policies and procedures.

17. Infants.

- a. CMA shall provide on-site well-baby health care services, sick call and emergency care to Infants, and child care and parenting services to their Inmate mothers, as set forth herein and in the Nursery Program Policy and Procedures. Any Infant requiring health care at a level not available in the nursery (or by RMSC staff when nursery medical staff is not on duty—see (b) below) will be transported by EMS to a Designated Hospital (or to another hospital, if required in an emergency). The Contractors will bear no responsibility for the costs of such transportation, the timeliness of the response by EMS to a call for service, or the care that EMS or the hospital provides or fails to provide.
- b. When the Nursery medical staff is not on duty, it shall be the responsibility of CMA's staff at RMSC to respond to sick calls and emergencies in the Nursery. Such staff, in conjunction with the Urgicare, shall be responsible for determining when an Infant is to be transferred to a Designated Hospital and shall identify a staff member to accompany the Infant to the hospital.



18. Prosthetic Devices.

With the prior approval of the Department, Corizon may, employing a competitive selection process, enter into one or more agreements for the on-site fitting and dispensing of prostheses including but not limited to eyeglasses, dentures and/or hearing aids. In the event of such Agreement, the Medical Contractor and, as its management services provider, Corizon, shall cooperate with the Department to develop and implement a protocol for the fitting, delivery within the Facilities and in the community, storage and disposal of such devices.

19. Transitional Healthcare.

CMA, and as its management services provider, Corizon shall cooperate with the CHS Transitional Healthcare Coordination unit ("THCC") and implement initiatives designed to increase medically appropriate community referrals for inmates upon re-entry, including those with chronic illness, promote better access to healthcare and improve screening and education. The Contractors shall provide THCC with access, as needed, to charts and data.

CMA shall refer patients with chronic diseases to THCC, as necessary, prior to release to the community.

20. Accreditation.

The Contractors will cooperate fully with any effort that may be taken by the Department to obtain and maintain any applicable accreditation of all Institutions during the term of the Agreement on a schedule to be mutually agreed upon. Subject to the provisions of Annex B, activities associated with such an accreditation process shall be paid for or reimbursed by the Department.

21. Patient Relations Program.

The Clinical Contractors shall cooperate with the Department in a patient relations program to address patient inquiries and complaints pursuant to Article XIII below and the Department's Policy regarding "Patient Complaints and Requests for Second Opinions." The Clinical Contractors shall assist, where possible, the Department in ensuring patient compliance with medical treatment plans.

22. Human Rights.

The Contractors shall participate in Department efforts to safeguard and promote human rights of patients, including but not limited to initiatives regarding dual loyalty and patient autonomy.



23. Condom Distribution.

CMA shall participate in a condom distribution program in accordance with Department policies and procedures.

B. Dental Services.

1. CDA shall, in accordance with Department policies and procedures, provide dental care and treatment including, but not limited to, dental examinations; instruction on oral hygiene; emergency care; oral cancer screening; diagnosis; oral prophylactics; endodontics; restoration; periodontics; access to specialty care as clinically necessary; dental prosthetics as prescribed by a dentist; and oral surgery. Dental services shall be available on a schedule to be determined jointly by CDA and the Department.
2. CMA shall provide oral cancer screening at intake. If a dental consult is generated, a more comprehensive dental exam shall be performed. The dentist shall do a screening as clinically indicated followed by referral for oral surgery as medically appropriate.
3. CDA staff shall utilize the Electronic Medical Records system created for the Department by eCW. CDA shall use and maintain computer software and radiology equipment to enable access to dental records from any Facility.
4. Dental staff shall count all sharps no less frequently than twice each day: once at the beginning of the shift and once at the end of the shift and maintain records pursuant to an approved protocol which includes timely reporting to the Department and DOC. The Department and DOC reserve the right to conduct random unscheduled audits and to supervise the count.

C. Mental Health Services.

1. Timely and Appropriate Mental Health Services.

Services shall be provided in accordance with all applicable laws and regulations including but not limited to the Minimum Standards promulgated by the New York City Board of Correction and the New York State Commission of Correction.

- a. Psychiatric services shall be provided in the Mental Health Center at all times. Patients who have routine referrals for mental health services shall be evaluated within 72 hours of referral. Emergency referrals shall be processed immediately and evaluated by the first available staff. Patients who require inpatient hospitalization shall be promptly referred to the appropriate Designated Hospital psychiatric facility. Patients identified as requiring continued mental health treatment shall be scheduled for follow-



up appointments with an appropriate mental health staff member and shall receive services consistent with the Regulations and Department Policies and Procedures. Patients shall be assigned to the appropriate housing location. Psychotropic medication shall be prescribed and safely administered according to accepted medical practice standards and Department policies. Suicide prevention measures shall be performed according to Department policy.

- b. CMA shall utilize the most current forms designed and distributed by the Department. Such forms may be amended periodically.
- c. At the discretion of the Department, CMA may pilot treatment protocols including but not limited to the organization of an Intensive Treatment Unit for the identification and treatment of inmates with personality disorders.

## II. DOC-RELATED ACTIVITIES

### A. Cooperation.

CMA shall cooperate with DOC. Such cooperation shall include: (i) the completion for each Inmate, upon admission to the Institution, a Department form that will indicate any contraindications connected with the use of stun shields or chemical agents (or other specified security equipment) by DOC personnel and notification to DOC staff that the use of a stun shield or chemical agent (or other specified security equipment) is or is not contraindicated; (ii) assistance in implementing a program pursuant to which certain terminally ill Inmates are released from the custody of DOC (the "Compassionate Release Program"); (iii) completing an Injury to Inmate form as appropriate; (iv) completing a Heat Sensitive form consistent with Regulations; and (v) medical screening of Inmates referred into DOC programs.

### B. Food Handlers.

CMA shall process the Certification of Food Handlers in accordance with DOHMH guidelines and DOC requirements. When the DOC requests food handling clearances for inmates, CMA shall conduct a chart review that includes a review of the inmate's admission history and physical, laboratory studies, PPD test and chest x-ray, and health or mental health conditions. CMA shall complete the certification process for each individual within 24 hours. In the event that the Department revises its protocol for screening and testing for tuberculosis, CMA shall provide tuberculosis screening tests and chest X-rays as necessary and appropriate for Certification of Food Handlers.



## Attachment 1 -Staffing Requirements

Staffing Pattern for  
Anna M. Kross Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Asst. Medical Director	8	8	8	8	8			40	1.0
Physician	40	40	40	40	40	24	16	240	6.0
Physician Assistant	56	56	56	56	56	16	8	304	7.6
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist	16	16	16	16	16	16	16	112	2.8
Pharmacist - Float	8	8	8	8	8	0	0	40	1.0
Pharmacy Tech	36	36	36	36	36	40	40	260	6.5
Pharmacy Tech - Float	8	8	8	8	8	0	0	40	1.0
RNs	32	32	32	32	32	24	24	208	5.2
LPNs	24	24	24	24	24	32	32	184	4.6
PCA	16	16	16	16	16	8	8	96	2.4
Senior Psychiatrist	16	16	16	16	16			80	2.0
Psychiatrist	24	24	24	24	24	32	32	184	4.6
Psychiatrist--float	8	8	8	8	8			40	1.0
Mental Health Clinician--float	24	24	24	24	24			120	3.0
Mental Health Clinician	32	32	32	32	32	32	32	224	5.6
Mental Health Manager	8	8	8	8	8			40	1.0
Asst. Mental Health Manager	16	16	16	16	16			80	2.0
Clinical Supervisor	16	16	16	16	16	16	16	112	2.8
Substance Abuse Counselor	16	16	16	16	16			80	2.0
Mental Health Secretary	8	8	8	8	8			40	1.0
Mental Health Clerk	16	16	16	16	16	12	8	100	2.5
Medical Records Administrator	8	8	8	8	8			40	1.0
Medical Records Clerk	16	16	16	16	16	8	8	96	2.4
Medical Records Clerk - Float	0	0	0	0	0	0	0	0	0.0
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	16	16	16	16	16	24	16	120	3.0
Physician Assistant	24	24	24	24	24	16	8	144	3.6
Pharmacist	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech	36	36	36	36	36	36	36	262	6.3
Pharmacy Tech - Float	8	8	8	8	8	8	8	56	1.4
RNs	24	24	24	24	24	24	24	168	4.2
LPNs	32	32	32	32	32	32	32	224	5.6
PCA	8	8	8	8	8	8	8	56	1.4
Psychiatrist	32	32	32	32	32	32	32	224	5.6
Clinical Supervisor	16	16	16	16	16	16	16	112	2.8
Mental Health Clinician	32	32	32	32	32	32	32	224	5.6
Substance Abuse Counselor	8	8	8	8	8			40	1.0
Mental Health Clerk	0	0	0	0	0			0	0.0
Medical Records Clerk	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk - Float	0	0	0	0	0	0	0	0	0.0
NIGHT SHIFT									
Physician	16	16	16	16	16	16	8	104	2.6
Physician Assistant	16	16	16	16	16	16	16	112	2.8
RNs	16	16	16	16	16	16	16	112	2.8
LPNs	16	16	16	16	16	24	24	128	3.2
PCA	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
Medical Records Clerk - Float	0	0	0	0	0			0	0.0
Mental Health Clinician	8	8	8	8	8	8	8	56	1.4
Psychiatrist	8	8	8	8	8	8	8	56	1.4
<b>TOTAL HOURS/FTE per week</b>								<b>5276</b>	<b>131.90</b>



Staffing Pattern for  
Robert N. Davoren Detention Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Physician	16	16	16	16	16	8	8	96	2.4
Physician Assistant	16	16	16	16	16	8	8	96	2.4
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist - Float	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech - Float	4	4	4	4	4	8	8	36	0.9
RNs	16	16	16	16	16	8	8	96	2.4
LPNs	8	8	8	8	8	8	8	56	1.4
PCA	8	8	8	8	8	8	8	56	1.4
Senior Psychiatrist	8	8	8	8	8			40	1.0
Psychiatrist	0	0	0	0	0	8	8	16	0.4
Mental Health Clinician	16	16	16	16	16	8	8	96	2.4
Unit Chief	8	8	8	8	8			40	1.0
Clinical Supervisor	8	8	8	8	8		8	48	1.2
Medical Records Administrator	8	8	8	8	8			40	1.0
Medical Records Clerk	16	16	16	16	16	8	8	96	2.4
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	16	16	16	16	16	8	96	2.4
Pharmacy Tech - Float	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech	4	4	4	4	4			20	0.5
RNs	8	8	8	8	8	8	8	56	1.4
LPNs	8	8	8	8	8	8	8	56	1.4
PCA	8	8	8	8	8	8	8	56	1.4
Psychiatrist--float	8	8	8	8	8			40	1.0
Psychiatrist	4	4	4	4	4			20	0.5
Mental Health Clinician	24	24	24	24	24			120	3.0
Mental Health Clerk	8	8	8	8	8			40	1.0
Medical Records Clerk	8	8	8	8	8	8	8	56	1.4
NIGHT SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
RNs	8	8	8	8	8	8	8	56	1.4
LPNs	8	8	8	8	8	8	8	56	1.4
PCA	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
<b>TOTAL HOURS/FTE per week</b>								<b>1924.0</b>	<b>48.10</b>



Staffing Pattern for  
Anna M. Kross Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Asst. Medical Director	8	8	8	8	8			40	1.0
Physician	40	40	40	40	40	24	16	240	6.0
Physician Assistant	56	56	56	56	56	16	8	304	7.6
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist	16	16	16	16	16	16	16	112	2.8
Pharmacist - Float	8	8	8	8	8	0	0	40	1.0
Pharmacy Tech	36	36	36	36	36	40	40	260	6.6
Pharmacy Tech - Float	8	8	8	8	8	0	0	40	1.0
RNs	32	32	32	32	32	24	24	208	5.2
LPNs	24	24	24	24	24	32	32	184	4.6
PCA	16	16	16	16	16	8	8	96	2.4
Senior Psychiatrist	16	16	16	16	16			80	2.0
Psychiatrist	24	24	24	24	24	32	32	184	4.6
Psychiatrist-float	8	8	8	8	8			40	1.0
Mental Health Clinician-float	24	24	24	24	24			120	3.0
Mental Health Clinician	32	32	32	32	32	32	32	224	5.6
Mental Health Manager	8	8	8	8	8			40	1.0
Asst. Mental Health Manager	16	16	16	16	16			80	2.0
Clinical Supervisor	16	16	16	16	16	16	16	112	2.8
Substance Abuse Counselor	16	16	16	16	16			80	2.0
Mental Health Secretary	8	8	8	8	8			40	1.0
Mental Health Clerk	16	16	16	16	16	12	8	100	2.5
Medical Records Administrator	8	8	8	8	8			40	1.0
Medical Records Clerk	16	16	16	16	16	8	8	96	2.4
Medical Records Clerk - Float	0	0	0	0	0	0	0	0	0.0
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	16	16	16	16	16	24	16	120	3.0
Physician Assistant	24	24	24	24	24	16	8	144	3.6
Pharmacist	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech	36	36	36	36	36	36	36	252	6.3
Pharmacy Tech - Float	8	8	8	8	8	8	8	56	1.4
RNs	24	24	24	24	24	24	24	168	4.2
LPNs	32	32	32	32	32	32	32	224	5.6
PCA	8	8	8	8	8	8	8	56	1.4
Psychiatrist	32	32	32	32	32	32	32	224	5.6
Clinical Supervisor	16	16	16	16	16	16	16	112	2.8
Mental Health Clinician	32	32	32	32	32	32	32	224	5.6
Substance Abuse Counselor	8	8	8	8	8			40	1.0
Mental Health Clerk	0	0	0	0	0			0	0.0
Medical Records Clerk	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk - Float	0	0	0	0	0	0	0	0	0.0
NIGHT SHIFT									
Physician	16	16	16	16	16	16	8	104	2.6
Physician Assistant	16	16	16	16	16	16	16	112	2.8
RNs	16	16	16	16	16	16	16	112	2.8
LPNs	16	16	16	16	16	24	24	128	3.2
PCA	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
Medical Records Clerk - Float	0	0	0	0	0			0	0.0
Mental Health Clinician	8	8	8	8	8	8	8	56	1.4
Psychiatrist	8	8	8	8	8	8	8	56	1.4
<b>TOTAL HOURS/FTE per week</b>								<b>5276</b>	<b>131.90</b>



Staffing Pattern for  
Robert N. Davoren Detention Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
<b>DAY SHIFT</b>									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Physician	16	16	16	16	16	8	8	96	2.4
Physician Assistant	16	16	16	16	16	8	8	96	2.4
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist - Float	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech - Float	4	4	4	4	4	8	8	36	0.9
RNs	16	16	16	16	16	8	8	96	2.4
LPNs	8	8	8	8	8	8	8	56	1.4
PCA	8	8	8	8	8	8	8	56	1.4
Senior Psychiatrist	8	8	8	8	8			40	1.0
Psychiatrist	0	0	0	0	0	8	8	16	0.4
Mental Health Clinician	16	16	16	16	16	8	8	96	2.4
Unit Chief	8	8	8	8	8			40	1.0
Clinical Supervisor	8	8	8	8	8		8	48	1.2
Medical Records Administrator	8	8	8	8	8			40	1.0
Medical Records Clerk	16	16	16	16	16	8	8	96	2.4
Administrative Assistant	8	8	8	8	8			40	1.0
<b>EVENING SHIFT</b>									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	16	16	16	16	16	8	96	2.4
Pharmacy Tech - Float	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech	4	4	4	4	4			20	0.5
RNs	8	8	8	8	8	8	8	56	1.4
LPNs	8	8	8	8	8	8	8	56	1.4
PCA	8	8	8	8	8	8	8	56	1.4
Psychiatrist--float	8	8	8	8	8			40	1.0
Psychiatrist	4	4	4	4	4			20	0.5
Mental Health Clinician	24	24	24	24	24			120	3.0
Mental Health Clerk	8	8	8	8	8			40	1.0
Medical Records Clerk	8	8	8	8	8	8	8	56	1.4
<b>NIGHT SHIFT</b>									
Physician	8	8	8	8	8	8	8	56	1.4
RNs	8	8	8	8	8	8	8	56	1.4
LPNs	8	8	8	8	8	8	8	56	1.4
PCA	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
<b>TOTAL HOURS/FTE per week</b>								<b>1924.0</b>	<b>48.10</b>



Staffing Pattern for  
Eric M. Taylor Center (previously CIFM)

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Physician	32	32	32	32	32	8	8	176	4.4
Physician Assistant	24	24	24	24	24	16	16	152	3.8
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist	8	8	8	8	8	8	8	56	1.4
Pharmacist - float	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech	12	12	12	12	12	8	8	76	1.9
Pharmacy Tech - Float	8	8	8	8	8	0	0	40	1.0
RNs	24	24	24	24	24	8	8	136	3.4
LPNs	16	16	16	16	16	16	16	112	2.8
PCA	16	16	16	16	16	16	16	112	2.8
Senior Psychiatrist	8	8	8	8	8			40	1.0
Psychiatrist	8	8	8	8	8	8	8	56	1.4
Mental Health Clinician	16	16	16	16	16	8	8	96	2.4
Mental Health Clerk	8	8	8	8	8			40	1.0
Unit Chief	8	8	8	8	8			40	1.0
Clinical Supervisor	8	8	8	8	8	8	0	46	1.2
Medical Records Administrator	8	8	8	8	8			40	1.0
Medical Records Clerk	8	8	8	8	8	0	0	40	1.0
Medical Records Clerk- Float	0	0	0	0	0			0	0.0
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	16	16	16	16	16	8	8	96	2.4
Pharmacy Tech	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech - Float	0	0	0	0	0	4	4	8	0.2
RNs	16	16	16	16	16	8	8	96	2.4
LPNs	16	16	16	16	16	16	16	112	2.8
PCA	8	8	8	8	8	8	8	56	1.4
Psychiatrist--float	8	8	8	8	8			40	1.0
Mental Health Clinician	16	16	16	16	16	0	0	80	2.0
Substance Abuse Counselor	4	4	4	4	4			20	0.5
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
Medical Records Clerk- Float	0	0	0	0	0			0	0.0
NIGHT SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
RNs	8	8	8	8	8	8	8	56	1.4
LPNs	16	16	16	16	16	16	16	112	2.8
PCA	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
<b>TOTAL HOURS/FTE per week</b>								<b>2432.0</b>	<b>60.80</b>



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Staffing Pattern for  
George Motchan Detention Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Physician	16	16	16	16	16	8	8	96	2.4
Physician Assistant	32	32	32	32	32	8	8	136	4.4
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist	8	8	8	8	8	8	8	56	1.4
Pharmacist - Float	8	8	8	8	8	4	4	48	1.2
Pharmacy Tech	12	12	12	12	12	8	8	76	1.9
Pharmacy Tech - Float	8	8	8	8	8	8	0	48	1.2
RNs	16	16	16	16	16	8	8	96	2.4
LPNs	16	16	16	16	16	8	8	96	2.4
PCA	8	8	8	8	8			40	1.0
Senior Psychiatrist	8	8	8	8	8			40	1.0
Psychiatrist	12	12	12	12	12	8	8	76	1.9
Mental Health Clinician	24	24	24	24	24	8	8	136	3.4
Mental Health Clinician (Grant)	8	8	8	8	8			40	1.0
Mental Health Clerk	8	8	8	8	8			40	1.0
Unit Chief	8	8	8	8	8			40	1.0
Clinical Supervisor	8	8	8	8	8	0	0	40	1.0
Medical Records Administrator	0	0	0	0	0			0	0.0
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
Medical Records Clerk - Float	0	0	0	0	0			0	0.0
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech	8	8	8	8	8	8	8	56	1.4
RNs	8	8	8	8	8	16	16	72	1.8
Clinical Supervisor	4	4	4	4	4			20	0.5
Psychiatrist--float	8	8	8	8	8			40	1.0
Mental Health Clinician	24	24	24	24	24	0	0	120	3.0
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
NIGHT SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
RNs	16	16	16	16	16	16	16	112	2.8
<b>TOTAL HOURS/FTE per week</b>								<b>1852</b>	<b>47.30</b>



Staffing Pattern for  
George R. Vierno Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
<b>DAY SHIFT</b>									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Site DON	8	8	8	8	8			40	1.0
Physician	16	16	16	16	16	8	8	96	2.4
Physician Assistant	16	16	16	16	16	8	8	96	2.4
Pharmacist - Float	12	12	12	12	12	8	8	76	1.9
Pharmacy Tech - Float	8	8	8	8	8	8	8	56	1.4
RNs	12	12	12	12	12	8	8	76	1.9
LPNs	16	16	16	16	16	8	8	96	2.4
PCA	8	8	8	8	8			40	1.0
Senior Psychiatrist	8	8	8	8	8			40	1.0
Psychiatrist	8	8	8	8	8	8	8	56	1.4
Mental Health Clinician	58	58	58	58	58	16	16	322	8.06
Mental Health Clerk	8	8	8	8	8			40	1.0
Unit Chief (share w/West)	8	8	8	8	8			40	1.0
Clinical Supervisor	20	20	20	20	20			100	2.5
Medical Records Administrator	0	0	0	0	0			0	0.0
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
Medical Records Clerk - Float			0	0	0			0	0.0
Administrative Assistant	8	8	8	8	8			40	1.0
<b>EVENING SHIFT</b>									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	0	0	40	1.0
Pharmacy Tech - Float	8	8	8	8	8	4	4	48	1.2
Pharmacy Tech	4	4	4	4	4			20	0.5
RNs	8	8	8	8	8	8	8	56	1.4
LPNs	16	8	8	8	16	8	8	72	1.8
PCA Float	8	8	8	8	8			40	1.0
Psychiatrist	8	8	8	8	8			40	1.0
Mental Health Clinician	24	24	24	24	24	0	0	120	3.0
<b>NIGHT SHIFT</b>									
Physician	8	8	8	8	8	8	8	56	1.4
RNs	8	8	8	8	8	8	8	56	1.4
LPNs	8	8	8	8	8	8	8	56	1.4
<b>TOTAL HOURS/FTE per week</b>								<b>1954</b>	<b>48.85</b>



Staffing Pattern for  
North Infirmiry Command

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
<b>DAY SHIFT</b>									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Physician	16	16	16	16	16	8	8	96	2.4
Physician Assistant	40	40	40	40	40	8	8	216	5.4
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist - Float	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech - Float	12	12	12	12	12	8	8	76	1.9
RNs	32	32	32	32	32	32	32	224	5.6
LPNs	24	24	24	24	24	24	24	168	4.2
PCA	4	4	4	4	4			20	0.5
Nurse Aides	24	24	24	24	24	24	24	168	4.2
Senior Psychiatrist	8	8	8	8	8			40	1.0
Mental Health Clinician--float	8	8	8	8	12			44	1.1
Mental Health Clinician	8	8	8	8	8			40	1.0
Mental Health Clinician - AMOU						4	4	8	0.2
Unit Chief Infirm.(sharewNIC Main)	8	8	8	8	8			40	1.0
Medical Records Administrator	8	8	8	8	8			40	1.0
Medical Records Clerk	8	8	8	8	8	0	0	40	1.0
Medical Records Clerk - Float	8	8	8	8	8			40	1.0
Administrative Assistant	8	8	8	8	8			40	1.0
<b>EVENING SHIFT</b>									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech - Float	8	8	8	8	8	4	4	48	1.2
RNs	32	32	32	32	32	24	24	208	5.2
LPNs	24	24	24	24	24	24	24	168	4.2
Nurse Aides	24	16	16	24	24	16	16	136	3.4
Medical Records Clerk	0	0	8	8	0	0	0	16	0.4
Mental Health Clinician - AMOU	8	8	8	8	8			40	1.0
<b>NIGHT SHIFT</b>									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	0	0	0	0	0	8	8	16	0.4
RNs	32	32	32	32	32	24	24	208	5.2
LPNs	16	16	16	16	16	16	16	112	2.8
Nurse Aides	24	24	24	24	24	16	16	152	3.8
<b>TOTAL HOURS/FTE per week</b>								<b>2748.0</b>	<b>68.70</b>



~ Staffing Pattern for  
Otis Bantum Correctional Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Physician	24	24	24	24	24	16	8	144	3.6
Physician Assistant	24	24	24	24	24	16	16	152	3.8
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist	12	12	12	12	12	12	12	84	2.1
Pharmacist - Float	4	4	4	4	4	0	0	20	0.5
Pharmacy Tech - Float	12	12	12	12	12	8	8	76	1.9
LPNs	8	8	8	8	8	16	16	72	1.8
PCA	16	16	16	16	16	8	8	96	2.4
Senior Psychiatrist	8	8	8	8	8			40	1.0
Psychiatrist	8	8	8	8	8	8	8	56	1.4
Mental Health Clinician—float	16	16	16	16	16			80	2.0
Mental Health Clinician	16	16	16	16	16	8	8	96	2.4
Mental Health Clerk	8	8	8	8	8			40	1.0
Unit Chief	8	8	8	8	8			40	1.0
Clinical Supervisor	8	8	8	8	8	8	8	56	1.4
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	16	16	16	16	16	16	8	104	2.6
Pharmacy Tech	12	12	12	12	12	12	12	84	2.1
Pharmacy Tech - Float	4	4	4	4	4	4	4	28	0.7
LPNs	8	8	8	8	8	16	16	72	1.8
PCA	8	8	8	8	8	8	8	56	1.4
Clinical Supervisor	4	4	4	4	4			20	0.5
Psychiatrist—float	8	8	8	8	8			40	1.0
Psychiatrist	8	8	8	8	8	8	8	56	1.4
Mental Health Clinician	16	16	16	16	16	8	8	96	2.4
NIGHT SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
LPNs	8	8	8	8	8	16	16	72	1.8
PCA	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk	0	0	0	0	0			0	0.0
TOTAL HOURS/FTE per week								2064.0	51.60
RN 12-Hour Tour Matrix									
Day Tour 8:00AM to 8:00PM									
RNs	24	24	24	24	24	12	12	144	3.6
Night Tour 8:00PM to 8:00AM									
RNs	24	24	24	24	24	12	12	144	3.6
Total Hours/FTE per week								288	7.2
GRAND TOTAL HRS/FTE per week									
								2352.0	58.8



Staffing Pattern for  
CDU at West

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	16	16	16	16	16	8	8	96	2.4
Pharmacist - float	4	4	4	4	4	4	4	28	0.7
Pharmacy Tech - Float	4	4	4	4	4	4	4	28	0.7
RNs	16	16	16	16	16	16	16	112	2.8
PCA	12	16	8	16	8	8	8	76	1.9
Nurse Aides	<del>8</del>	<del>8</del>	<del>8</del>	<del>8</del>	<del>8</del>	<del>8</del>	<del>8</del>	<del>8</del>	0.0
X-Ray Technician/CT Tech	28	20	28	20	28	8	8	140	3.5
Radiology Clerks	16	16	16	16	16			80	2.0
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
RNs	16	16	16	16	16	16	16	112	2.8
X-Ray Technician/CT Tech	12	12	12	12	12			60	1.5
NIGHT SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
RNs	16	16	16	16	16	16	16	112	2.8
Hemodialysis RN	13	0	13	0	14			40	1.0
HemodialysisTech	13	0	13	0	14			40	1.0
<b>TOTAL HOURS/FTE per week</b>								1324.0	33.10

UrgiCare Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Physician	8	8	8	8	8	8	8	0	0.0
RNs- LPN	8	8	8	8	8	8	8	56	1.4
EVENING SHIFT									
Physician	8	8	8	8	8	8	8	0	0.0
RNs- LPN	8	8	8	8	8	8	8	56	1.4
NIGHT SHIFT									
Physician	8	8	8	8	8	8	8	0	0.0
RNs- LPN	8	8	8	8	8	8	8	56	1.4
<b>TOTAL HOURS/FTE per week</b>								168.0	4.20

The UrgiCare Physicians are reflected in the Matrix for informational purposes only.

The UrgiCare Physicians are subcontractors, and as such, their total hours and FTEs are reflected as 0 in the Matrix.



**Staffing Pattern for  
Rose M. Singer Center**

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
<b>DAY SHIFT</b>									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Asst. Site Medical Director	8	8	8	8	8			40	1.0
Physician	40	40	40	40	40	16	16	232	5.8
Physician Assistant	48	48	48	48	48	16	16	272	6.8
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist	16	16	16	16	16	16	16	112	2.8
Pharmacist - float	8	8	8	8	8	0	0	40	1.0
Pharmacy Tech	16	16	16	16	16	12	12	104	2.6
Pharmacy Tech - Float	8	8	8	8	8	8	8	56	1.4
RNs	32	32	32	32	32	24	24	208	5.2
LPNs	24	24	24	24	24	24	24	168	4.2
PCA	8	8	8	8	8	8	8	56	1.4
Nurse Aides	24	24	32	24	24	16	16	160	4.0
X-Ray Technician	8	8	8	8	8	8	8	56	1.4
Senior Psychiatrist	8	8	8	8	8			40	1.0
Psychiatrist	8	8	8	8	8	16	16	72	1.8
Psychiatrist-float	8	8	8	8	8			40	1.0
Mental Health Clinician-float	16	16	16	16	16	8	8	96	2.4
Mental Health Clinician	36	36	36	36	36	24	24	228	5.7
Substance Abuse Counselor	8	8	8	8	8			40	1.0
Mental Health Manager	8	8	8	8	8			40	1.0
Clinical Supervisor	12	12	12	12	12	8	8	76	1.9
Mental Health Secretary	8	8	8	8	8			40	1.0
Medical Records Administrator	8	8	8	8	8			40	1.0
Medical Records Clerk	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk- Float	8	8	8	8	8	0	0	40	1.0
Administrative Assistant	8	8	8	8	8			40	1.0
<b>EVENING SHIFT</b>									
Physician	16	16	16	16	16	16	16	112	2.8
Physician Assistant	24	24	24	24	24	16	16	152	3.8
Pharmacist	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech	16	16	16	16	16	16	16	112	2.8
Pharmacy Tech - float	8	8	8	8	8	4	4	48	1.2
RNs	24	24	24	24	24	24	24	168	4.2
LPNs	16	24	24	24	24	16	16	144	3.6
PCA	8	8	8	8	8	8	8	56	1.4
Nurse Aides	16	16	16	16	16	16	16	112	2.8
Psychiatrist-float	8	8	8	8	8	4		44	1.1
Psychiatrist	8	8	8	8	8	8	8	56	1.4
Mental Health Clinician-float	16	16	16	16	16	8	8	96	2.4
Mental Health Clinician	24	24	24	24	24	16	16	152	3.8
Clinical Supervisor	8	8	8	8	8			40	1.0
Mental Health Clerk	8	8	8	8	8			40	1.0
Medical Records Clerk	16	16	8	8	8	8	8	72	1.8
Medical Records Clerk- Float	8	16	16	16	16	8	8	88	2.2
<b>NIGHT SHIFT</b>									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
RNs	24	24	24	24	24	24	24	168	4.2
LPNs	16	16	16	16	16	16	16	112	2.8
PCA	8	8	8	8	8	8	8	56	1.4
Nurse Aides	16	16	16	16	16	16	16	112	2.8
<b>TOTAL HOURS/FTE per week</b>								<b>4580</b>	<b>114.50</b>



~ Staffing Pattern for  
Manhattan Detention Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
<b>DAY SHIFT</b>									
Health Services Administrator	8	8	8	8	8			40	1.0
Medical Director	8	8	8	8	8			40	1.0
Physician	16	16	16	16	16	8	8	96	2.4
Physician Assistant	24	24	24	24	24	8	8	136	3.4
Pharmacist	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech - Float	8	8	8	8	8	8	8	56	1.4
RNs	16	16	16	16	16	16	16	112	2.8
LPNs	8	8	8	8	8	8	8	56	1.4
PCA	16	16	16	16	16	8	8	96	2.4
Psychiatrist	8	8	8	8	8	8	8	56	1.4
Mental Health Clinician	8	8	8	8	8	8	8	56	1.4
Mental Health Clerk	8	8	8	8	8			40	1.0
Unit Chief	8	8	8	8	8			40	1.0
Dentist		8			8			16	0.4
Dental Assistant		8			8			16	0.4
Medical Records Adminrator	8	8	8	8	8			40	1.0
Medical Records Clerk	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk - Float		8	8	8				24	0.6
Administrative Assistant	8	8	8	8	8			40	1.0
<b>EVENING SHIFT</b>									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
RNs	16	16	16	16	16	16	16	112	2.8
LPNs	8	8	8	8	8	16	16	72	1.8
PCA	16	16	16	16	16	8	8	96	2.4
Pharmacy Tech	8	8	8	8	8	8	8	56	1.4
Psychiatrist	8	8	8	8	8			40	1.0
Mental Health Clinician	8	8	8	8	8	0	0	40	1.0
Medical Records Clerk	8	8	8	8	8	8	8	56	1.4
<b>NIGHT SHIFT</b>									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
RNs	8	8	8	8	8	8	8	56	1.4
LPNs	16	16	16	16	16	16	16	112	2.8
PCA	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
<b>TOTAL HOURS/FTE per week</b>								<b>1992</b>	<b>49.8</b>



**Staffing Pattern for  
Regional Office / Services**

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
Program Manager	8	8	8	8	8			40	1.0
Director of Operations	8	8	8	8	8			40	1.0
Medical Director	8	8	8	8	8			40	1.0
Deputy Medical Director	8	8	8	8	8			40	1.0
Diabetic Coordinator	8	8	8	8	8			40	1.0
Dental Director	8	0	8	0	4			20	0.5
Administrative Dentist	16	16	16	16	16			80	2.0
Dentist	32	20	32	32	24			140	3.5
Dental Assistant	32	16	28	24	20			120	3.0
Administrative Dental Assistant	24	16	24	16	24			104	2.6
Dental Assistant Level I	24	16	24	16	24			104	2.6
Nursing Director	8	8	8	8	8			40	1.0
Deputy Dir. Nursing	8	8	8	8	8			40	1.0
Director of Mental Health	8	8	8	8	8			40	1.0
Deputy Dir. Of Mental Health	8	8	8	8	8			40	1.0
Supervising Psychiatrist	16	16	16	16	16			80	2.0
Activity Therapist	4.4	4.4	4.4	4.4	4.4			22	0.6
Director of CCI	8	8	8	8	8			40	1.0
QA RN	32	32	32	32	32			160	4.0
Supervising X-Ray Tech	8	8	8	8	8			40	1.0
Nurse Educator	8	8	8	8	8			40	1.0
Infection Control Coordinator	8	8	8	8	8			40	1.0
Regional ID Nurse	8	8	8	8	8			40	1.0
Regional ID Clerk	8	8	8	8	8			40	1.0
Director of UM/Case Management	8	8	8	8	8			40	1.0
Case Manager	8	8	8	8	8			40	1.0
Sr. Case Manager	8	8	8	8	8			40	1.0
Asst. Director of Operations	8	8	8	8	8			40	1.0
Staff Scheduler	16	16	16	16	16			80	2.0
UM Clerk	8	8	8	8	8			40	1.0
Prenatal Nurse	8	8	8	8	8			40	1.0
Medical Records Director	8	8	8	8	8			40	1.0
Assistant Medical Records Director	8	8	8	8	8			40	1.0
Medical Records Clerk	24	24	24	24	24			120	3.0
Director of Finance	8	8	8	8	8			40	1.0
Accounting Manager	24	24	24	24	24			120	3.0
Accounts Payable Clerk	8	8	8	8	8			40	1.0
Payroll Clerk	24	24	24	24	24			120	3.0
Human Resources Director	8	8	8	8	8			40	1.0
HR Office Manager	8	8	8	8	8			40	1.0
Credentialing Coordinator	8	8	8	8	8			40	1.0
Employee Relations Manager	8	8	8	8	8			40	1.0
Driver	16	16	16	16	16	20	20	120	3.0
Admin Assistant for Materials Mgmt	8	8	8	8	8			40	1.0
Admin Assistant UM	8	8	8	8	8			40	1.0
Admin Assistant for Credentialing	8	8	8	8	8			40	1.0
Receiving Clerk	8	8	8	8	8			40	1.0
Supply Clerk	16	16	16	16	16			80	2.0
IT Director	8	8	8	8	8			40	1.0
IT Operations Manager	8	8	8	8	8			40	1.0
MIS - Network Administrator	8	8	8	8	8			40	1.0
Sr. Help Desk/ Special Projects Tech	8	8	8	8	8			40	1.0
DBA/Sr Developer	8	8	8	8	8			40	1.00
Network Infrastructure/Lead Field Tech	8	8	8	8	8			40	1.00
Clinical Quality Specialist (IT)	16	16	16	16	16			80	2.00
Hardware Field Tech	8	8	8	8	8			40	1.0
IT Help Desk Tech	26	26	26	26	26	40	40	210	5.25
Secretary	40	40	40	40	40			200	5.0
PA - Employee Health	8	8	8	8	8			40	1.0
<b>TOTAL HOURS/FTE per week</b>								<b>3600</b>	<b>90.00</b>



## Staffing Pattern for

## System Wide Clinical Support

Tour Supervisor (Evenings)	8	8	8	8	8	8	8	56	1.4
Tour Supervisor (Days)							8	16	0.4
Assistant HSA							16	16	0.4
Administrative Assistant							8	8	0.4
Administrative Assistant	8	8	8	8	8	8	8	56	1.4
Tour Supervisor (Nights)	8	8	8	8	8	8	8	56	1.4
Administrative Assistant	8	8	8	8	8	8	8	56	1.4
ID Specialist	24	24	24	24	24			120	3.0
STATISTICAL COORDINATOR	8	8	8	8	8			40	1.0
Clinic Coordinator/Scheduler	72	72	72	72	72			360	9.0
Mental Health Clinician	24	24	24	24	24			120	3.0
Art Therapy Coordinator	16	16	16	16	16			80	2.0
CASAC	16	16	16	16	16			80	2.0
Activity Therapist	8	8	8	8	8			40	1.0
Medical Records Clerks (Brad H)	16	16	16	16	16			80	2.0
Director of Pharmacy	8	8	8	8	8			40	1.0
Asst. Dir of Pharmacy	16	16	16	16	16			80	2.0
Supervising Pharmacists	32	32	32	32	24			152	3.8
Packaging Techs	32	32	32	32	32			160	4.0
Medical Records Clerks	127.4	127.4	127.4	127.4	127.4	127	127	691.94	22.3
Driver Tech	8	8	16	16	16	8	8	80	2.0
Secretary	8	8	8	8	8			40	1.0
Administrative Assistant	8	8	8	8	8			40	1.0
<b>TOTAL HOURS/FTE per week</b>								<b>2676</b>	<b>66.90</b>
<b>TOTAL HOURS/FTE per week</b>								<b>6276</b>	<b>156.90</b>

## Secondary Institution (VCBC) Pharmacy Staff

POSITION	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Pharm Tech	8	8	8	8	8	8	8	56	1.4
Pharmacist	8	8	8	8	8	8	8	56	1.4
<b>TOTAL HOURS / FTE - Day</b>								<b>112</b>	<b>2.8</b>
EVENING SHIFT									
Pharm Tech	8	8	8	8	8	8	8	56	1.4
<b>TOTAL HOURS / FTE - Evening</b>								<b>56</b>	<b>1.4</b>
<b>TOTAL HOURS/ FTE per week</b>								<b>168</b>	<b>4.2</b>



**Staffing Pattern for  
Substance Abuse Services**

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
<b>DAY SHIFT</b>									
Administrator of Addiction Medicine (EMT)	8	8	8	8	8			40	1.0
Educator/Supervisor (EMTC)	16	16	16	16	16			80	2.0
Methadone Counselor (EMTC)	16	16	16	16	16			80	2.0
Methadone Counselor (RMSC)	8	8	8	8	8			40	1.0
Methadone Counselor (AMKC)	8	8	8	8	8			40	1.0
Secretary (EMTC)	8	8	8	8	8			40	1.0
Substance Abuse Counselor ARNT	8	8	8	8	8			40	1.0
Substance Abuse Cslr (RNDC)	8	8	8	8	8			40	1.0
Substance Abuse Cslr (RMSC)	8	8	8	8	8			40	1.0
LPN (EMTC)	8	8	8	8	8			40	1.0
LPN (RMSC)	8	8	8	8	8			40	1.0
LPN (AMKC)	8	8	8	8	8	8	8	56	1.4
<b>TOTAL HOURS/FTE per week</b>								<b>576.0</b>	<b>14.40</b>



**Staffing Pattern for  
Brooklyn Detention Center (BKDC)**

POSITION	MON	TUE	WED	THU	FRI	SAT	SUN	HRS/WK	FTE
<b>Tour 1 (8am-8pm)</b>									
Registered Nurse	24	24	24	24	24	24	24	168	4.20
Mental Health Clinician	20	20	20	20	20	12	12	124	3.10
Mental Health Clerk	12	12	12	12	12			60	1.50
Pharmacist	12	12	12	12	12	12	12	84	2.10
Pharmacy Technician	36	36	36	36	36	36	36	252	6.30
Medical Records Clerk	12	12	12	12	12	12	12	84	2.10
Health Services Administrator	8	8	8	8	8			40	1.00
Administrative Assistant	8	8	8	8	8			40	1.00
Site Medical Director	8	8	8	8	8			40	1.00
ID Specialist (MD)	4							4	0.10
Dentist	4	4						8	0.20
Dental Assistant	4	4						8	0.20
Site DON	8	8	8	8	8			40	1.00
Clinical Supervisor/Unit Chief	8	8	8	8	8			40	1.00
Psychiatrist	8	8	8	8	8			40	1.00
<b>Tour 2 (8pm-8am)</b>									
Registered Nurse	12	12	12	12	12	12	12	84	2.10
<b>Tour 1 (8am-4pm)</b>									
Physician	8	8	8	8	8	8	8	56	1.40
Physician Assistant	16	8	8	16	16	8	8	80	2.00
LPN	8	8	8	8	8	8	8	56	1.40
PCA	8	8	8	8	8	8	8	56	1.40
<b>Tour 2 (4pm to 12am)</b>									
Physician	8	8	8	8	8	8	8	56	1.40
Physician Assistant	8	8	8	8	8			40	1.00
LPN	8	8	8	8	8	8	8	56	1.40
PCA	8	8	8	8	8	8	8	56	1.40
<b>Tour 3 (12am to 8am)</b>									
Physician	8	8	8	8	8	8	8	56	1.40
LPN	8	8	8	8	8	8	8	56	1.40
PCA	8	8	8	8	8	8	8	56	1.40
<b>Total</b>								<b>1740.00</b>	<b>43.50</b>



Staffing Pattern for  
James A. Thomas Center (JATC)

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
Administrative Assistant	8	8	8	8	8			40	1.0
Clinic Coordinator/Scheduler	8	8	8	8	8			40	1.0
Clinical Supervisor	4	4	4	4	4			20	0.5
Dental Assistant	8		8		8			24	0.6
Dentist	8		8		8			24	0.6
Health Services Administrator	8	8	8	8	8			40	1.0
LPNs	8	8	8	8	8	8	8	56	1.4
Medical Records Administrator	8	8	8	8	8			40	1.0
Medical Records Clerk	8	8	8	8	8	4	4	48	1.2
Dental Assistant	8	8	8	8	8			40	1.0
MH Clinician	16	16	16	16	16	4	4	88	2.2
Unit Chief	4	4	4	4	4			20	0.5
PCA	8	8	8	8	8			40	1.0
Pharmacist	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech	8	8	8	8	8	8	8	56	1.4
Pham Tech	8	8	8	8	8	8	8	56	1.4
Physician Assistant	12	12	12	12	12	8	8	76	1.9
Psychiatrist	4	4	4	4	4	4	4	28	0.7
QA RN	8	8	8	8	8			40	1.0
RNs	8	8	8	8	8	8	8	56	1.4
Health Services Administrator	8	8	8	8	8	8	8	56	1.4
Psychiatrist	8	8	8	8	8	8	8	56	1.4
Director of Nursing	8	8	8	8	8			40	1.0
Medical Director	8	8	8	8	8			40	1.0
Physician	8	8	8	8	8	8	8	56	1.4
LPNs	8	8	8	8	8	8	8	56	1.4
Director of Nursing	8	8	8	8	8	8	8	56	1.4
Total								1248	31.2







# Exhibit 11



## HARASSMENT POLICY

Corizon is committed to providing a work environment that is free of discrimination or harassment. In keeping with this commitment, no form of harassment, sexual or otherwise, will be tolerated in the work place. Any employee who feels that a manager's, other employee's or non-employee's actions, words or conduct constitutes harassment is required to report the incident immediately.

### DEFINITION

Harassment or discrimination of any sort, whether verbal, physical, visual, or via social media that is based on or directed toward a person's age, race, color, gender, sexual orientation, religion, national origin, ancestry, veteran, disabled status, or other characteristic protected by law, will not be tolerated.

Workplace harassment can take many forms; it can be found in statements, gestures, writings, signs, cartoons, pictures, e-mail, text messages, social media, jokes and pranks, physical contact and assaults, and acts or threats of violence or retribution. Harassment is not necessarily sexual in nature. It may also take the form of other activity including derogatory statements or conduct not directed to the targeted or offended individual, but taking place within their presence.

### MANAGEMENT & EMPLOYEE RESPONSIBILITY

Corizon prohibits not only harassment and discrimination but also any type of retaliation for making a complaint; for assisting another to make a complaint; or for participating in an investigation. All Corizon employees, particularly Managers, have a responsibility for keeping the work environment free of harassment, discrimination or retaliation of any type. Any employee who is personally impacted or who becomes aware of an incident of harassment, discrimination, or retaliation whether by witnessing the incident or being told of it by others must report the incident as soon as possible.

Internal complaint procedures have been established to ensure effective investigation and resolution of harassment, discrimination, or retaliation complaints. To report an incident, employees should contact their Manager, the next level of site or regional management, the **Compliance Line** at **800/218-9114** or the Human Resources Department. All Managers must notify the Human Resources Department of any complaints they receive as soon as possible.

All reports of harassment will be handled with discretion and with due regard for privacy concerns. All reports will be investigated, as appropriate and corrective action, up to and including termination, may be taken.



## EMPLOYEE RESPONSIBILITIES

### APPEARANCE AND CONDUCT

You represent Corizon in your day-to-day contact with patients and institution employees. It is important that you are appropriately and neatly dressed for your type of work, properly groomed (including personal hygiene), and that you conduct yourself in a courteous and dignified manner and treat others with respect.

We recognize that most employees will dress according to accepted standards of modesty, dignity and professionalism. Apparel must be clean, fit properly and not be of extreme design or fashion.

Some job classifications may require that employees wear uniforms while on duty.

Your Manager may make a more detailed application of these guidelines. In all cases, these general guidelines must be observed. Employees must also follow and apply all facility rules with regard to appearance and conduct.

### REPORTING FOR WORK

If you are unable to report for your scheduled shift, you must inform your Manager or Designee **prior to the start** of your shift and inform him / her of the reason and when you will report to work. Your site will have a specific policy outlining the amount of advance notice you must give when reporting off work or late.

If you are ill and will be absent for more than one (1) day, you should inform your Manager or Designee of approximately how long you expect to be off work. If you are off more than one (1) day, you are expected to call your Manager or Designee **daily** unless other arrangements have been made.

Absenteeism creates an unusually heavy burden on your fellow employees who must carry your load in addition to their own. Failure to adhere to your site's Time and Attendance Policy will result in immediate corrective action up to and including termination. Excessive absenteeism or tardiness will be reflected in your performance evaluation and may be cause for corrective action.

### NETWORK SECURITY

Corizon provides many of its employees with business system access to local and wide area networks, electronic mail (e-mail) and voice mail systems. All business communications, information or materials delivered via these systems must be transmitted, stored and accessed in a manner that safeguards appropriate confidentiality.

### E-MAIL USAGE

Corizon provides electronic messaging (e-mail) as a business communications tool for many of its employees. Use of the e-mail system for any non-job-related solicitation is prohibited. E-mail use must not be disruptive, offensive



## HARASSMENT POLICY

Corizon Health is committed to providing a work environment that is professional and free of discrimination or harassment. In keeping with this commitment, no form of harassment, sexual or otherwise, will be tolerated in the work place. Any employee who feels that a manager's, other employee's or non-employee's actions, words or conduct constitutes harassment is required to report the incident immediately.

Harassment or discrimination of any sort, whether verbal, physical, or visual or via social media, that is based on or directed toward a person's age, race, color, gender, sexual orientation, religion, national origin, ancestry, veteran, disabled status, or other characteristic protected by law, will not be tolerated.

Workplace harassment can take many forms; it can be found in statements, gestures, writings, signs, cartoons, pictures, e-mail, text messages, social media, jokes and pranks, physical contact and assaults, and acts or threats of violence or retribution. Harassment is not necessarily sexual in nature. It may also take the form of other activity including derogatory statements or conduct not directed to the targeted or offended individual, but taking place within their presence.

Corizon Health prohibits not only harassment and discrimination, but also any type of retaliation for making a complaint, for assisting another to make a complaint, or for participating in an investigation. All Corizon Health employees, particularly Managers, have a responsibility for keeping the work environment free of harassment, discrimination or retaliation of any type. Any employee who is personally impacted or who becomes aware of an incident of harassment, discrimination or retaliation, whether by witnessing the incident or being told of it by others, must report the incident as soon as possible.

Internal complaint procedures have been established to ensure effective investigation and resolution of harassment, discrimination or retaliation complaints. To report an incident, employees should contact their Manager, the next level of site or regional management, the Compliance Line at 800/218-9114 or the Human Resources Department. All Managers must notify the Human Resources Department of any complaints they receive as soon as possible.

All reports of harassment will be handled with discretion and with due regard for privacy concerns. All reports will be investigated, as appropriate, and corrective action, up to and including termination, may be taken.



**PRISON HEALTH SERVICES, INC.**

<b>Subject:</b> Harassment /Sexual Harassment & Discrimination	<b>Date:</b> 12/1/07	<b>Policy Number:</b> 113
<b>Applies:</b> To All Employees	<b>Supersedes:</b> 5/07	

**POLICY STATEMENT**

PHS is committed to creating a work environment free of discrimination or harassment. Discrimination against and/or harassment of any employee based on race, color, religion, creed, sex, national origin, ancestry, citizenship, age, disability, predisposing genetic characteristics, marital status, sexual orientation, military status, or any other characteristic protected by applicable law ("Protected Characteristic") is illegal and is strictly prohibited. Every employee is responsible for complying with this policy.

Federal, state and local laws also have made plain that sexual harassment of an individual in employment is illegal. PHS prohibits sexual harassment of its employees in any form, whether committed by supervisory or non-supervisory personnel, management, vendors, or visitors. Regulations issued by the Federal Equal Employment Opportunity Commission define sexual harassment as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
2. submission to or rejection of such conduct is used as the basis for employment decisions affecting such individual; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Examples of conduct which may constitute unlawful sexual harassment include, but are not limited to, unwelcome sexual advances; unwanted touching of a sexual nature; offensive verbal or non-verbal communication of a sexual nature; or sexually graphic or sexually offensive materials or photographs. Examples of conduct which may constitute unlawful discrimination or harassment include, but are not limited to, refusing to hire an applicant or terminating an employee because of any Protected Characteristic; making racial or ethnic slurs or jokes; or exhibiting racist graffiti or cartoons. The behavior described in this paragraph is unacceptable both in the workplace itself and other work-related settings, such as business trips and PHS sponsored or related social events.

Examples of harassment may include, but are not limited to, verbal or physical assault, arguing, name calling, unprofessional conduct, intimidation, displaying animosity toward an individual based on any protected characteristic or otherwise creating a hostile or offensive work environment.



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**PRISON HEALTH SERVICES, INC.**


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**PROCEDURE**

If you believe that you have been subject to discrimination or harassment, we encourage you to promptly notify the offender, particularly if such individual is a co-worker, that his or her behavior is unwelcome and inappropriate and that you want the behavior to stop immediately. However, if you are uncomfortable confronting the alleged wrongdoer for any reason, such as because (i) he or she is a supervisor or high level member of management. (ii) of the severity of the conduct or (iii) informal, direct communication was unsuccessful, PHS requires that you promptly report the conduct, either verbally or in writing to your supervisor, H.S.A or the Human Resources Department at 718-777-3642 or 718-777-3490

Any PHS supervisor or manager who receives a report or complaint of discrimination or harassment must report that alleged offense immediately to the Employee Relations Manager or Director of Human Resources. If the incident occurs on off hours, the On-Island Administrator must be notified.

All complaints will be investigated promptly and thoroughly and, if appropriate, corrective action will be taken. Any employee who violates the policy against discrimination and harassment or engages in conduct contrary to this policy, as determined in the sole discretion of PHS, will be subject to disciplinary action, up to and including termination. The complaint procedure outlined above also must be followed if you believe that you have been subject to discrimination or harassment by third parties, such as vendors or visitors. Upon receiving knowledge thereof, PHS will investigate and if PHS, in its sole discretion, determines that such harassment or discrimination has occurred, PHS will seek appropriate action.

***Employees who are identified as witnesses to the incident and refuse to cooperate in the investigation or who provide false information will be subject to disciplinary action.***

PHS will not tolerate retaliation against any individual who makes a report of harassment or discrimination, provides information concerning such actions, or opposes any action that violates this policy. Any person found to have violated PHS's prohibition against retaliation would be subject to disciplinary action, up to and including termination.

We understand that these matters can be quite sensitive and will handle them accordingly. If you have any questions about this policy, including how to make a complaint, please contact Human Resources

Approved:

Signature on file Jerome Donahue Director of Human Resources	Signature on File Donald Doherty Division Vice President
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EFFECTIVE  
6-1-2014

REVISED  
4-6-2015

NUMBER  
X-#

## POLICY & PROCEDURE

### ORIGINATING DEPARTMENT:

Employee Safety / Workers' Compensation

A handwritten signature in cursive script, appearing to read "Dennis F. Wade".

Dennis F. Wade  
EVP & Chief Human Resource  
Officer

### SUBJECT: WORKPLACE VIOLENCE PREVENTION (WPV) POLICY

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*Company shall be defined as Corizon Health, Inc. Corizon LLC, Corizon Health of New Jersey, LLC, PharmaCorr, LLC, Genesis Behavioral Services, Inc., and/or any other affiliated legal entities.*

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### PURPOSE

To provide Company employees with the expectations regarding Workplace Violence Prevention policy and procedure and to ensure employees are aware of requirements at their site.

### POLICY

Corizon Health maintains a zero tolerance policy for workplace violence by or against employees or patients/inmates. Corizon is committed to fostering an environment that is free from workplace violence and works closely with our clients and partners to minimize and eliminate the risks posed to our healthcare providers by the potential for workplace violence.

Corizon Health does not own or operate the correctional facilities and, as such, is not responsible for providing security to all civilian personnel working in the correctional system. Therefore, for the safety of Corizon employees, all policies and procedures must be followed.

At the highest levels, Corizon Health management is committed to the safety and security of all of our employees. Management commitment and employee involvement are essential elements of a successful workplace violence prevention program. Toward that end, Corizon Health leadership will work cooperatively with employees to ensure implementation of this Policy.

### PROCEDURE

Corizon Health has established a Workplace Violence Prevention (WVP) program through implementation, guidance, and organization of the following strategies:

- 1) Initial orientation of new employees
- 2) Annual training of current employees
- 3) Incident Reporting System
- 4) Resources made available in the event of a workplace violence occurrence through an Employee Assistance Program



WORKPLACE VIOLENCE PREVENTION POLICY	EFFECTIVE	REVISED	NUMBER
	6-1-2014	3-31-2015	X-#

5) Site Specific Annual WVP Hazard Assessment

6) Reporting of WVP Hazard Conditions

7) Corporate WVP Risk Management Committee

Appendix A: Site Specific Annual WVP Hazard Assessment form

Appendix B: Super User Checklist - Annual WVP Staff Training

Appendix C: WVP Incident Report form

Appendix D: Attestation Form

### **Orientation Training:**

Employees receive an initial safety orientation that includes workplace violence prevention training. Training will be conducted prior to engaging with patients whenever possible. Employees receive New Employee Orientation (NEO) training, which includes the Annual WVP Training (via On-line Learning Management System [LMS] module and/or In Person) and the Site Specific Annual WVP Staff Training. The process for reporting potential workplace violence hazards and reporting of workplace violence incidents will also be taught.

### **Annual Training:**

All current staff will receive annual WVP training. This may be done utilizing the LMS WVP Training module or In-Person by Super User (or designated party), and In-Person training of site specific WVP process.

### **Incident Reporting:**

Workplace violence incidents must be reported to the immediate supervisor, Health Service Administrator (H.S.A.) and/or Director of Nursing (D.O.N.) immediately. The initial verbal report should be followed up with a written statement to include:

- Date, time and place of incident
- Witness(es)
- Facility and specific location within the facility
- Detailed description of incident
- Any other pertinent information

A WVP Incident Report form, (Appendix A) must be completed by supervisor, H.S.A. or D.O.N. at the time of incident notification. The form must be sent to their Regional Leadership and the Corizon Health Employee Safety Department.

Workplace violence incidents include both verbal and physical actions. Such threats include intimidation, verbal threats to inflict bodily harm, abusive or offensive language, and physical actions such as striking, pushing or other aggressive physical actions.

### **Resources available:**

In the event of a workplace violence incident:



WORKPLACE VIOLENCE PREVENTION POLICY	EFFECTIVE	REVISED	NUMBER
	6-1-2014	3-31-2015	X-#

- Current staff may utilize the Life Management/Employee Assistance Program 1-800-327-2908
- Corporate, Regional and/or Site Leadership may activate 'on site' counselors for employee use
- Medical and/or mental health care will be provided at no charge to the injured employee in accordance with the workers' compensation state law

#### **Site Specific Annual WVP Hazard Assessment:**

Annual WVP Hazard Assessment must be done by Site leadership. The purpose of the annual hazard assessment is to provide an evaluation of the workplace and identify existing and potential workplace violence hazards. Workplace violence hazards include physical (engineering controls), administrative (policy and procedure) and response to incidents/hazard reporting. Refer to Site Specific Annual Hazard Assessment form (Appendix B). Hazard assessment may include, but is not limited to:

- Analysis of workstations, medical clinics, mental health clinics, dental clinics, medication distribution process, additional areas per site specific operations
- Removal of unnecessary objects, secure sharps and other items
- Control of Personal items
- Proper working attire, site specific rules
- Ongoing communication to employees via huddles/staff meetings
- Medical record (EMR) and paper record of aggressive patient alerts for medical staff
- Observation of employees and security provided by business partners to ensure policy and procedure are being followed
- Input/feedback from employees

As needed, site leadership will engage our business partners to ensure engineering controls and workplace adaptations are considered to minimize workplace violence risk. This may include the following:

- New construction or updates in existing workplace
- Installation of (location) and/or maintenance (testing) of all alarm systems, including panic alarms, body alarms, radios, phones, etc.
- Placement of video cameras and monitoring of those cameras
- Mirrors at blind spots, increasing visual contact between security and employees
- Plexi-glass or additional barriers
- Escape or exit routes defined and maintained clear
- Set up/placement of furniture, seating patient away from door with employee nearest door
- Adequate lighting
- Security officer communication
- Proper working locks in work areas and for equipment

Corizon Health must work with our business partners to ensure recommendations are being discussed and implemented. A Plan of Action will be developed based upon items identified as a result of the Site



WORKPLACE VIOLENCE PREVENTION POLICY	EFFECTIVE	REVISED	NUMBER
	6-1-2014	3-31-2015	X-#

Based Annual WVP Assessment. Each facility will, upon completion, provide a copy to Regional Leadership and Employee Safety Department

#### **WVP Hazard Conditions Reporting:**

Employees are required to report to their supervisor, H.S.A and/or D.O.N. any WVP Hazard immediately. Whenever possible the initial verbal report should be followed up with a written statement to include:

- Date, time and place of hazard
- Witness(es)
- Facility and specific location within the facility
- Detailed description of hazard
- Any other pertinent information

Reported hazardous conditions will be added to the Hazard Assessment and a Plan of Action will be developed.

#### **No Retaliation:**

Corizon Health has zero tolerance for retaliation against any employee for making a complaint or voicing a concern about safety or security, reporting a workplace violence incident, declining an assignment the employee believes to be unsafe, or otherwise complying with this Policy.

#### **Management Commitment:**

Management is committed and has instructed all workplace violence incidents be reported up through the organization to the Executive level. Operational leadership is required to address all workplace violence incidents for preventive measures and corrective actions. Additional outside services providing Mental Health professionals are available to assist site leadership and all staff in the event of an incident. H.S.A.s are responsible for implementation of the Workplace Violence Prevention program and to ensure all managers, supervisors and employees understand their obligations. Additionally, Regional leadership will provide direct support of the H.S.A.'s efforts.

Because the primary responsibility of safety and security in the prisons and jails is our business partners, operational leadership must work closely with them to resolve any issues, recommendations or concerns. This is accomplished through a variety of potential avenues such as Safety Committee meetings, MAC meetings, one on one interaction with Wardens, Deputy Wardens, Sheriff's Department representatives, Environmental Safety and Health representatives and any other parties deemed helpful.

#### **Employee Commitment:**

- Employees must comply with the WVP program and other safety and security measures.
- Employees are instructed to report any concerns regarding workplace violence, safety and security to site leadership.
- If an incident or near miss occurs, employees are required to report the incident immediately (prior to leaving their shift) to ensure a timely investigation occurs.
- Employees are encouraged to participate in the site specific safety efforts.
- Active participation in all educational programs is mandatory.



WORKPLACE VIOLENCE PREVENTION POLICY	EFFECTIVE	REVISED	NUMBER
	6-1-2014	3-31-2015	X-#

### **Engaging all employees by providing safety, health training and education:**

Corizon Health provides a variety of safety and health training units to prevent a workplace violence incident. Listed are some of the educational elements in the New Employee Orientation (NEO I) program (completed in first 14 days):

- Focused section dedicated to safety and security training to be completed before working with patients
- Ways to diffuse or disengage a volatile situation or behavior
- Potential patient triggers
- Use of site specific safety and security devices such as panic alarms, body alarms, blind spot mirrors, buddy system, escorts, communication/codes
- Procedures for responding to an medical emergency procedures (do not enter until secured by business partner)
- Policy and procedure for reporting and recordkeeping
- Policy and procedure for obtaining medical care, counseling, workers' compensation benefits needed after an incident or injury occurs

### **Other educational reinforcers:**

- Business partner provided/required safety and security training and education (orientation and periodically)
- Site specific review of policy and procedure at individual facilities
- In-service or huddles with employees to periodically discuss and review workplace violence prevention program
- Site leadership must identify workplace violence situations and ensure employees are not placed in situations that compromise their safety
- Site leadership will ensure all employees receive and are engaged in the required safety and health training
- B.A.S.I.C. management training is required for site leadership; the program includes specific education regarding workplace violence prevention and required actions if an incident occurs

### **Corporate WVP Risk Reduction Committee**

The Corporate WVP Risk Reduction committee will meet biannually. Members of the committee include internal and external partners. Analysis of trends and rates caused by workplace violence will be reviewed. A global assessment of the WVP program and recommendations will be made.

### **Recordkeeping and program evaluation:**

Site leadership must record all employee injuries within the OSHA guideline of 7 days on the OSHA Log of Work-Related Injury and Illness (OSHA Form 300). Incidents are reported into the third party administrator and electronic First Report of Injury forms are provided to the Employee Safety Department for review/follow up. Additionally, all employee workplace violence injuries must be reported as soon as possible to Regional Leadership and Employee Safety Department.



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WORKPLACE VIOLENCE PREVENTION POLICY	EFFECTIVE	REVISED	NUMBER
	6-1-2014	3-31-2015	X-#

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The analysis process is to ensure preventive measures are being implemented and are effective in reducing/preventing future work place violence incidents. Periodic loss analysis of company, regional and site workplace violence incidents will be conducted. Special attention will be given to increasing trends and incident rates. Recommendations including engineering, administrative and educational improvements will be reviewed and implemented, as needed. Safety Committee minutes and site inspections/work place analysis may be utilized to assist in the process. The Employee Safety department is available to provide 'hands on' work place violence education and assessment at individual locations. Both operational leadership and/or the Employee Safety Department may request an assessment.

This program will be reviewed on an annual basis by the Corporate WVP Risk Reduction Committee with the goal to improve employee safety.





**CORRECTIONAL MEDICAL ASSOCIATES OF NY P.C.  
CORRECTIONAL DENTAL ASSOCIATES OF NY P.C.**

HUMAN RESOURCES POLICY AND PROCEDURES	Subject: Workplace Violence Prevention Program		
	Policy No. 119	Date Issued: 11/17/2014	Revised:
Approved:  Jerome P. Donahue Director of Human Resources	Approved:  Jessica Lee Vice-President Operations		
Approved:  Jay Cowan Medical Director	Approved:  Leslie Hayling Dental Director		

**Policy:**

Corizon, CMA and CDA maintain a zero tolerance policy for workplace violence. Management is committed to working closely with DOHMH and DOC to eliminate / minimize workplace violence. The Department of Corrections (DOC) is responsible for providing and maintaining security in all facilities. Management will work with employees and union representatives to ensure implementation of this Policy.

**Procedure:**

Management has established a workplace violence protection program through development implementation, guidance, and organization of the following strategies:

- 1) Initial Orientation, Ongoing Training and Annual Orientation for new and existing employees
- 2) Incident Reporting System
- 3) Facility-Based Safety Committee
- 4) Island-Wide Safety Committee
- 5) Risk Management Committee
- 6) Reporting of Hazardous Conditions
- 7) Aggressive Patient Alert System





CORRECTIONAL MEDICAL ASSOCIATES OF NY P.C.  
CORRECTIONAL DENTAL ASSOCIATES OF NY P.C.

8) Safety Suggestion Box

**Appendix A**-Universal Workplace Violence Precaution Tips

**Appendix B**-Facility Emergency Contact Info

**Appendix C**-Training Evaluation Form





**CORRECTIONAL MEDICAL ASSOCIATES OF NY P.C.  
CORRECTIONAL DENTAL ASSOCIATES OF NY P.C.**

HUMAN RESOURCES POLICY AND PROCEDURES	Subject: Workplace Violence Prevention Program : Orientation and Ongoing Training		
	Policy No. 119 A	Date Issued: 11/17/2014	Revised:
Approved:  Jerome P. Donahue Director of Human Resources	Approved:  Jessica Lee Vice-President Operations		
Approved:  Jay Cowan Medical Director	Approved:  Leslie Hayling Dental Director		

**Initial Orientation and Ongoing Training for New and Existing Employees**

**Policy:**

Employees receive an initial orientation and ongoing training regarding workplace violence.

**Procedure:**

- 1) The orientation program is to ensure that staff receives a general orientation from the Human Resources Department prior to start working in the institution or assigned area. The orientation modules included in new employee orientation contain information related to:
  - Relevant DOC policies and procedures are covered in the training provided by DOC and Management to all employees.
  - This Workplace Violence Safety and Security Policy (This will include discussion of hypothetical case scenarios.)
  - Security policies and procedures
  - Personal safety
  - IT policies and procedures
  - Patient Relations
  - Prevention of Patient Sexual Abuse
  - Undue Familiarity
  - HIV Confidentiality
  - HIPAA
  - Infection Control
  - Relationships among DOHMH, DOC and Corizon, CMA, CDA employees





**CORRECTIONAL MEDICAL ASSOCIATES OF NY P.C.  
CORRECTIONAL DENTAL ASSOCIATES OF NY P.C.**

- Cultural Diversity and Respect
- Prevention of Sexual Harassment and all forms of Discrimination
- Physical Hazards in the Facilities (e.g., sliding gates, slippery surfaces)
- Dress Code and Personal Grooming
- Corporate ethics
- Compliance with Americans with Disabilities Act
- Working relationship between health and custodial staff
- Understanding and Managing mentally ill inmate patients-
- Workplace Violence Prevention Training & De-escalation Techniques

2) Training on Workplace Violence Safety and Security includes:

- The Workplace Violence Prevention Program;
- Risk factors that cause or contribute to assault;
- Early recognition of escalating behavior or recognition of warning signs or situations that may lead to assault;
- Ways to prevent or diffuse volatile situations or aggressive behavior, manage anger;
- Action plans for violent situations, including the availability of assistance, response to alarm systems and communication procedures;
- Ways to deal with hostile people;
- Progressive behavior control methods and safe methods to apply restraints;
- The location and operation of safety devices such as alarm systems, along with the required maintenance schedules and procedures;
- Ways to protect oneself and co-workers, including use of the "buddy system";
- Policies and procedures for reporting and recordkeeping;
- Information on multi-cultural diversity to increase staff sensitivity to racial and ethnic issues and differences;
- Policies and procedures for obtaining medical care, counseling, EAP referral, worker's compensation and other assistance after a violent episode or injury.

3) The employee Orientation program and subsequent Health and Safety Training shall be reviewed for content utilizing an evaluation form.

4) At a minimum, on an annual basis, the employee Orientation program and subsequent Health and Safety Training shall be updated for content and statutory compliance adherence, and program improvement.

5) Additional training will be delivered to all staff with supervisory responsibility and this will include recognition of high risk situations so that they can assist in the safekeeping of their team members. They will also be trained in recognizing and helping to reduce security hazards, encouraging employees to report all incidents of workplace violence, and in Management no-retaliation policy.









CORRECTIONAL MEDICAL ASSOCIATES OF NY P.C.  
CORRECTIONAL DENTAL ASSOCIATES OF NY P.C.

- 6) Staff meetings are conducted monthly at a minimum. These meetings include the regular review of environmental and clinical safety and security concerns and protective measures.





**CORRECTIONAL MEDICAL ASSOCIATES OF NY P.C.  
CORRECTIONAL DENTAL ASSOCIATES OF NY P.C.**

HUMAN RESOURCES POLICY AND PROCEDURES	Subject: Workplace Violence Prevention Program : Reporting		
	Policy No. 119 B	Date Issued: 11/17/2014	Revised:
Approved:  Jerome P. Donahue Director of Human Resources	Approved:  Jessica Lee Vice-President Operations		
Approved:  Jay Cowan Medical Director	Approved:  Leslie Hayling Dental Director		

### Incident Reporting System

#### Policy:

Workplace violence incidents should be reported to the immediate supervisor, HSA, and/or On-Island Administrator. The initial verbal report should be followed up with a written statement to include:

- Date, place, time of incident
- Witness (es)
- Facility
- Location within the facility
- Detail description of incident
- Any other pertinent information

#### Procedure:

- 1) An employee that feels threatened by anyone in the workplace, must report this immediately to the Supervisor, HSA, and/or On-Island Administrator and retreat to de-escalate the situation.
- 2) General safety and security concerns must be reported to the supervisor, HSA, and On-Island Administrator. Reports can be made anonymously via the secured employee safety complaint boxes in each facility, email to the leadership team, and / or in the daily Safety Huddles are also encouraged.
- 3) Onsite medical personnel will provide prompt medical evaluation and treatment to any injured employee and referred employee that need further medical care to the emergency room.





CORRECTIONAL MEDICAL ASSOCIATES OF NY P.C.  
CORRECTIONAL DENTAL ASSOCIATES OF NY P.C.

- 4) Employee(s) who do not want to be treated onsite can choose to go to their private physician or to the emergency room
- 5) The HSA or On-Island Administrator will complete the Incident Report Form. Completed report will be forwarded by Operations to the Director of Utilization Management. The Director of Utilization Management will disseminate the completed Incident Report to all parties on the "Incident Distribution List" and to the respective executive staff.
- 6) The Director of Utilities Management shall compile all Incident Reports into a monthly report to the Executive Team. The Human Resource Director shall forward all Incident Reports to the Corporate Director of Safety for review and appropriate action.
- 7) If applicable, Employee Health Services will then call in the incident to Workers Compensation, and then contact the employee with a Workers Compensation number. To facilitate the healing process, an Injury Counselor is available who can assist the injured employee in recovery and contact with claims handlers. The Injury Counselor may be reached at 314.919.9153.
- 8) There will be zero tolerance for retaliation against any employee for making a complaint or voicing a concern about safety or security, reporting a workplace violence incident, declining an assignment the employee believes to be unsafe, or otherwise complying with this Policy.
- 9) When an incident involves patient aggression against an employee, Department of Correction Investigation personnel, including the Warden, may take steps to discipline the patient.
- 10) DOC investigation may determine probable cause for arrest. If in the event that DOI does not determine probable cause the employee can file a complaint against the patient at the Bronx District Attorney's office.
- 11) Employees have the right to refuse to submit personal items (clothing, pictures, etc.) in participation with DOI investigations.

**Post-Incident Procedure:**

- 1) Both the employee and his/her union delegate will be invited to a "debriefing" meeting, during which the incident and suggestions for prevention may be discussed in detail.
- 2) An in-depth review of recent incidents of workplace violence will include discussion of potential methods of prevention; will be addressed at all Health and Safety Committee Meetings. Staff members from Doctors Council, NYSNA and 1199 SEIU may be present. Prior to attending such meeting, a union representative must be briefed on, and sign an acknowledgement of Corizon, CMA and CDA HIPAA policy.
- 3) Management adheres to all local, state and federal record-keeping requirements pertaining to incidents of workplace violence.





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- 4) Management Human Resources Department maintains a summary report of each incident that includes all supporting documents, including corrective action conducted in relation to each incident.
- 5) The Risk Management / Safety Committee conduct internal review of the incident within days to assess risk factors, and corrective measures, and identify the responsible person for taking corrective action.





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HUMAN RESOURCES POLICY AND PROCEDURES	Subject: Workplace Violence Prevention Program : Environmental and Safety Committee		
	Policy No. 119 C	Date Issued: 11/17/2014	Revised:
Approved:  Jerome P. Donahue Director of Human Resources	Approved:  Jessica Lee Vice-President Operations		
Approved:  Jay Cowan Medical Director	Approved:  Leslie Hayling Dental Director		

**Island Wide and Facility Based-Environmental and Safety Committees**

**Policy:**

The Environmental and Safety Committees is committed to making the workplace safe for employees and patients. The Environment and Safety committees are two fold – the first being an Island Wide Committee and the second being Facility Based Committee. Members of these committees include representatives from the Operational, Clinical and Human Resources leadership, front-line personnel and collective bargaining units. Management is committed to the implementation and evaluation of safety policies and protocols, publishing policies and protocols to employees and frequent review and training on those policies and protocols.

**Procedure:**

1. The facility-based Environmental and Safety Committee consists primarily of frontline multidisciplinary staff.
2. The Island-Wide Environmental and Safety Committee are comprised of executive staff as well as multi-disciplinary members of front line personnel, and collective bargaining units.
3. Environmental inspection and Hazard Assessment of facilities are done bi-annually by Island Wide Environmental and Safety Committee utilizing a standardized Safety Survey Form.
4. The Environmental inspection and Hazard Assessment examines:
  - a. The cleanliness and sanitation of areas where health services are provided.
  - b. Housekeeping practices.
  - c. Pest control measures.
  - d. Risk exposure containment measures.







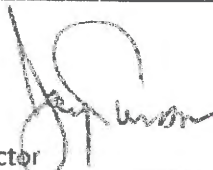

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- e. Equipment inspection and maintenance, including "cuff bars," "panic alarms," splash guards, and other engineering controls.
  - f. Occupational and environmental safety measures, including PPE.
  - g. Deficiencies identified during facility inspection are communicated to Facility Based Environmental and Safety Committee for intervention and corrective action.
  - h. The Department of Correction leadership in the facility is debriefed by the Environmental and Safety Committee findings and recommendations.
  - i. Deficiencies identified during facility inspection are communicated to Facility Administration as appropriate by Island Wide Environmental and Safety Committee.
  - j. Workplace violence risks, including workplace violence incident analysis, assessment of worksite conditions and layout and evaluation of workplace controls.
5. As needed, the Committees will work with the Risk Management Committee to address safety issues.





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HUMAN RESOURCES POLICY AND PROCEDURES	Subject: Workplace Violence Prevention Program : Risk Management Committee		
	Policy No. 119 D	Date Issued: 11/17/2014	Revised:
Approved:  Jerome P. Donahue Director of Human Resources	Approved:  Jessica Lee Vice President Operations		
Approved:  Jay Cowan Medical Director	Approved:  Leslie Hayling Dental Director		

**Risk Management Committee**

**Policy**

The Risk Management Committee addresses clinical risk, patient safety, employee safety and operational risks. The committee membership is multidiscipline and includes executive leadership.

The Risk Management Committee is an overarching committee that guides the Riker's program with safety initiatives and activities.

**Procedure:**

- 1) The Risk Management Committee addresses the following:
  - a. Health care complaints concerning the quality of care
  - b. Substantiated complaints
  - c. Staff education and safety issues
  - d. Unsafe conditions in the facilities
  - e. Violent incidents
  - f. Adverse events and near misses/close calls
  - g. Review and analyzed trends in and rates of incidents
- 2) The Risk Management Committee actions will include but are not limited to:
  - a. Identify opportunities for improvement





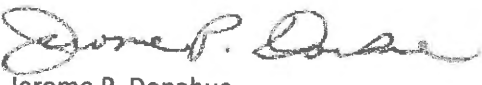



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- b. Data collection and analysis
  - c. Dissemination of information collected
  - d. Integration of corrective improvements into daily operations
- 3) The Risk Management Committee meets monthly.





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HUMAN RESOURCES POLICY AND PROCEDURES	Subject: Workplace Violence Prevention Program : Reporting of Hazardous Conditions		
	Policy No. 119 E	Date Issued: 11/17/2014	Revised:
Approved:  Jerome P. Donahue Director of Human Resources	Approved:  Jessica Lee Vice-President Operations		
Approved:  Jay Cowan Medical Director	Approved:  Leslie Hayling Dental Director		

**Reporting of Hazardous Conditions**

**Policy:**

Health staff members are encouraged to report actual or suspected hazardous conditions in the work place. Any source of potential harm or adverse health effects on employees in the work place shall be identified. Preventative or corrective measures will be taken to correct the problems.





**Procedure:**

- 1) Actual and / or potential risks should be reported to the immediate supervisor, HSA or Operations at (347) 774-7000.
- 2) Immediate Supervisor/Operations will immediately initiate an investigation.
- 3) Confirmed hazardous conditions shall be addressed and corrected immediately.





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HUMAN RESOURCES POLICY AND PROCEDURES	Subject: Workplace Violence Prevention Program : Aggressive Patient Alert and Daily Report		
	Policy No. 119 F	Date Issued: 11/17/2014	Revised:
Approved:  Jerome P. Donahue Director of Human Resources	Approved:  MAN Jessica Lee Vice-President Operations		
Approved:  Jay Cowan Medical Director	Approved:  Leslie Hayling Dental Director		

**Aggressive Patient Alert and Daily Report**

**Policy:**

Patients with history or risk for aggressive behavior shall be identified. Preventative or corrective measures are taken to reduce risk of violent incidents that may occur in healthcare areas.



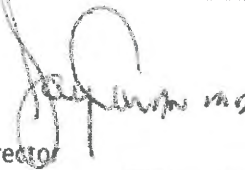

**Procedure:**

- 1) Patients with a history of increased agitation, irrational behavior, low tolerance, not listening to reason, recent physical abuse on staff, invading personal space, or destruction of property are considered to be aggressive / dangerous.
- 2) Patients with a history of aggression or violence, or who are deemed aggressive or dangerous will be flagged on the electronic medical records.
- 3) Aggressive Patient Report is generated daily and automatically disseminated to all front line staff daily
- 4) MHUC or SMD can add or delete the alert.
- 5) Staff is encouraged to review the Aggressive Patient Report daily before commencing any patient contact and to use this report as a quick reference to identified potentially aggressive / dangerous patients.
- 6) Staff seeing a patient that is on the Aggressive Patient Report should immediately inform the correction officer in the area. Precautions should be taken during the encounter to maintain staff safety and security.





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HUMAN RESOURCES POLICY AND PROCEDURES	Subject: Workplace Violence Prevention Program : Staff Safety and Suggestion Box		
	Policy No. 119 G	Date Issued: 11/17/2014	Revised:
Approved:  Jerome P. Donahue Director of Human Resources	Approved:  Jessica Lee Vice-President Operations		
Approved:  Jay Cowan Medical Director	Approved:  Leslie Hayling Dental Director		

**Staff Safety and Security Suggestion Box**

**Policy:**

Staff Safety and Suggestion Box is a mechanism for staff to voluntarily and anonymously give suggestions, share concerns regarding workplace violence, safety and security in their respective facility or across the Island.

**Procedure:**

1. The 'Staff Safety and Security Suggestion Box' is mounted in a designated area in each facility accessible to staff.
2. Blank "Staff Safety and Security Suggestion Form" will be available in the facilities.
3. Staff will have the option of identifying themselves or to remain anonymous.
4. Staff will not be required to use the official forms to document their suggestions; a blank piece of paper is acceptable.
5. The Health Service Administrator (HSA) or a designee will be responsible to check the 'Staff Safety and Security Suggestion Box' each business day.
6. Suggestions received from sources other than at the facility level will be forwarded to the Health Service Administrator (HSA and Facility Based Safety Committee) or a designee for review of practicality and feasibility based on clinical operations and physical plant.





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7. Completed forms received will be maintained in a folder in the HSA's office.
8. The Facility Based Committees will review forms for resolution and reporting to the Island Wide Safety Committee for their additional review.
9. Union delegates will be briefed monthly on suggestions, complaints received and outcome / resolution.
10. If the suggestion is not related to the provision of health care services by Management, but rather issues which are the responsibility of the New York City Department of Correction ("DOC") the Health Service Administrator (HSA) will refer the matter to the facility specific DOC Administration inclusive of the Clinic Captain, Tour Commander, Deputy Warden of Programs, Deputy Warden of Security, Deputy Warden of Administration and/or Warden accordingly.





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## STAFF SAFETY AND SECURITY SUGGESTION FORM

Date: \_\_\_\_\_ Facility: \_\_\_\_\_

Employee Name (Optional): \_\_\_\_\_

Employee Title (Optional): \_\_\_\_\_

Specific Location of Concern/Suggestion: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggestion to rectify issue (Optional):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Received: \_\_\_\_\_

Signature of H.S.A./Designee: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Upon completion, please place inside the designated 'Staff Safety and Suggestion Box.'





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## APPENDIX A

### UNIVERSAL WORKPLACE VIOLENCE PRECAUTIONS

As a healthcare organizations invested in patient and staff safety, Management Health, CMA and CDA work collaboratively with the Department of Health and Department of Correction to promote a safe workplace for staff and patients. Identification and management of environmental safety concerns and risk reduction strategies are supported through on-going cooperative initiatives amongst the organizations. Universal Safety Precautions are interventions that each employee can take with every patient regardless of a patient's background to ensure that they are aware and prepared for a violent incident.

1. Prior to each scheduled or emergency visit, every healthcare provider shall review each patient's chart, as well as the Aggressive Patient Report. These indicators are not intended to be all inclusive, and caution must be exercised whenever interacting with any patient, even if the patient has not been previously identified as aggressive.
2. When preparing to interview a known mental health patient, the healthcare provider shall review the patient's medications and medication compliance, as this information may inform providers of an indication of risk.
3. Wherever possible, an employee **must not** turn his/her back on an inmate, especially when in close proximity.
4. Any assignment that an employee feels is unsafe should be reported to a supervisor immediately, and the employee should **not** undertake that assignment. A Protest of Assignment Form, located on the Management intranet, should be completed and forwarded immediately to the building HSA for review.
5. In the event an employee is left alone with an inmate without a Corrections Officer present, the employee should leave the area immediately. Notify supervisor.
6. Any time the DOC has an inmate restrained by handcuffs, they should remain on the patient until DOC determines that it is safe to remove them, unless, in the judgment of the healthcare provider, it is medically necessary to remove them.
7. Any patient that is on the Aggressive Patient Report should be seen only while the inmate is restrained to a cuff bar in the examination cubicle.





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### Site Safety and Security Protocols

- 1) Keep patient within eye contact at all times (do not turn your back to patient)
- 2) Set up patient care areas for safety: patient should NOT be between you and the door, rearrange exam room/intake areas if necessary
- 3) Familiarize yourself with the levels/types of patients that will and will not be escorted by officers for encounters with health staff.
- 4) Do not enter an emergent situation until area is secured, confirm client signal
- 5) Exit secured areas (cells/dorms) BEFORE security exits and do not turn your back to patient while leaving
- 6) Immediately report any work related injury or attempted assault to your Supervisor, Health Services Administrator and Director of Nursing immediately
- 7) Protect Yourself and Your Co-workers
  - Trust your instincts, request assistance if feeling uncomfortable
  - COMMUNICATE with others when/where you are going and expected return time
  - Be aware of your surroundings; there is no room for being lax or distracted
  - Understand your role in maintaining the security for yourself and others, e.g. key control, sharps count, instrument counts
- 8) Partner with Security
  - Identify security officer/deputy placement in medical units, medication pass, segregation process
  - Communicate concerns
  - Ask questions and provide positive suggestions
- 9) Physical Safety and Security Devices
  - Test institutional panic alarms
  - High risk patients should be appropriately secured - handcuffed behind or, if handcuffed in front, secured to a belly chain and shackled at ankles.





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- If concerned about level of patient restraint, immediately bring those concerns to a Corrections Officer and site leadership
- 10) Maintain medical professionalism at all times
- Provide quality medical care safely and consistently
  - Do not display personal items or discuss personal issues with patients
  - Treat every patient the SAME
- 11) Preparing for an Encounter with a Patient Who Has an Aggressive Alert
- Review EMR for notes regarding previous encounters
  - Know your patient
  - Secure a Corrections Officer to supervise your encounter
  - DO NOT be left alone with the patient





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**APPENDIX B**

**Workplace Violence, Safety & Security**  
**EMERGENCY CONTACT INFORMATION**  
**AMKC**

**If an Incident Occur:**

**Security (DOC):**

- Control Room: 718-546-3520 / 3523
- Tour Commander: 718-546-3595 / 3596

**HSA Notification:**

- Day Tour: 347-774-7405 / 7406
- Off Tour / Weekends: 347-774-7000

**If you've Been Injured in an Incident**

**Corizon, CMA and CDA Employee Assistance Program/Magellan: 1-800-327-2908**

**NYSNA Peer Assistance Program: 1-800-457-7261**

**Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298**

**Corizon, CMA and CDA Employee Safety Department: 1-800-325-4809 ext. 9391**

**1199 Member Services Department: 1-646-473-6900**





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**APPENDIX B**

**Workplace Violence, Safety & Security**  
**EMERGENCY CONTACT INFORMATION**  
**BKDC**

**If an Incident Occur:**

**Security (DOC):**

- Control Room: 718-797-8341
- Tour Commander: 718-797-8341

**HSA Notification:**

- Day Tour: 347-774-7325 / 7314
- Off Tour / Weekends: 347-774-7000

**If you've Been Injured in an Incident:**

**Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908**

**NYSNA Peer Assistance Program: 1-800-457-7261**

**Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298**

**Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391**

**1199 Member Services Department: 1-646-473-6900**





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**APPENDIX B**

**Workplace Violence, Safety & Security**  
**EMERGENCY CONTACT INFORMATION**  
**CDU / WEST FACILITY**

**If an Incident Occur:**

**Security (DOC):**

- Control Room: 718-546-4120
- Tour Commander: 718-546-4107

**HSA Notification:**

- Day Tour: 347-774-7201 / 7202
- Off Tour / Weekends: 347-774-7000

**If you've Been Injured in an Incident:**

**Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908**

**NYSNA Peer Assistance Program: 1-800-457-7261**

**Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298**

**Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391**

**1199 Member Services Department: 1-646-473-6900**





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## APPENDIX B

**Workplace Violence, Safety & Security**  
**EMERGENCY CONTACT INFORMATION**  
**EMTC**

**If an Incident Occur:**

**Security (DOC):**

- Control Room: 718-546-5720 / 5721
- Tour Commander: 718-546-5731

**HSA Notification:**

- Day Tour: 347-774-7855 / 7856
- Off Tour / Weekends: 347-774-7000

**If you've Been Injured in an Incident:**

**Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908**

**NYSNA Peer Assistance Program: 1-800-457-7261**

**Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298**

**Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391**

**1199 Member Services Department: 1-646-473-6900**





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**APPENDIX B**

**Workplace Violence, Safety & Security**  
**EMERGENCY CONTACT INFORMATION**  
**GMDC**

**If an Incident Occur:**

**Security (DOC):**

- Control Room: 718-546-4520 / 4521
- Tour Commander: 718-546-4627 / 4628

**HSA Notification:**

- Day Tour: 347-774-7905 / 7906
- Off Tour / Weekends: 347-774-7000

**If you've Been Injured in an Incident:**

**Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908**

**NYSNA Peer Assistance Program: 1-800-457-7261**

**Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298**

**Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391**

**1199 Member Services Department: 1-646-473-6900**





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## APPENDIX B

Workplace Violence, Safety & Security  
**EMERGENCY CONTACT INFORMATION**  
**GRVC**

If an Incident Occur:

**Security (DOC):**

- Control Room: 718-546-2128 / 2020
- Tour Commander: 718-546-2118 / 2119

**HSA Notification:**

- Day Tour: 347-774-7155 / 7756
- Off Tour / Weekends: 347-774-7000

If you've Been Injured in an Incident:

Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908

NYSNA Peer Assistance Program: 1-800-457-7261

Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298

Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391

1199 Member Services Department: 1-646-473-6900





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## APPENDIX B

### Workplace Violence, Safety & Security EMERGENCY CONTACT INFORMATION MDC

#### If an Incident Occur:

##### Security (DOC):

- Control Room: 212-225-1341 / 1342
- Tour Commander: 212-225-1341 / 1342

##### HSA Notification:

- Day Tour: 347-774-7234 / 7235
- Off Tour / Weekends: 347-774-7000

#### If you've Been Injured in an Incident:

Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908

NYSNA Peer Assistance Program: 1-800-457-7261

Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298

Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391

1199 Member Services Department: 1-646-473-6900





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## APPENDIX B

### Workplace Violence, Safety & Security EMERGENCY CONTACT INFORMATION NIC

#### If an Incident Occur:

##### Security (DOC):

- Control Room: 718-546-1121
- Tour Commander: 718-546-6446

##### HSA Notification:

- Day Tour: 347-774-7970 / 7973
- Off Tour / Weekends: 347-774-7000

#### If you've Been Injured in an Incident:

Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908

NYSNA Peer Assistance Program: 1-800-457-7261

Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298

Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391

1199 Member Services Department: 1-646-473-6900





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## APPENDIX B

### Workplace Violence, Safety & Security EMERGENCY CONTACT INFORMATION OBCC/CPSU

#### If an Incident Occur:

##### Security (DOC):

- Control Room: 718-546-6424
- Tour Commander: 718-546-6546

##### HSA Notification:

- Day Tour: 347-774-7802 / 7803
- Off Tour / Weekends: 347-774-7000

#### If you've Been Injured in an Incident:

Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908

NYSNA Peer Assistance Program: 1-800-457-7261

Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298

Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391

1199 Member Services Department: 1-646-473-6900





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## APPENDIX B

### Workplace Violence, Safety & Security EMERGENCY CONTACT INFORMATION RMS

#### If an Incident Occur:

##### Security (DOC):

- Control Room: 718-546-7420 / 7421
- Tour Commander: 718-546-7423 / 7560

##### HSA Notification:

- Day Tour: 347-774-7610 / 7611
- Off Tour / Weekends: 347-774-7000

#### If you've Been Injured in an Incident:

Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908

NYSNA Peer Assistance Program: 1-800-457-7261

Corizon, CMA and CDA's Employee Health Nurse: 347-774-7298

Corizon, CMA and CDA's Injury Counselor: 1-800-325-4809 ext. 9391

1199 Member Services Department: 1-646-473-6900





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## APPENDIX B

### Workplace Violence, Safety & Security EMERGENCY CONTACT INFORMATION RNDC

#### If an Incident Occur:

##### Security (DOC):

- Control Room: 718-546-6920 / 6921
- Tour Commander: 718-546-7283

##### HSA Notification:

- Day Tour: 347-774-7704 / 7705
- Off Tour / Weekends: 347-774-7000

#### If you've Been Injured in an Incident:

Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908

NYSNA Peer Assistance Program: 1-800-457-7261

Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298

Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391

1199 Member Services Department: 1-646-473-6900





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**Workplace Violence, Safety & Security Evaluation Form**

Thank you for participating in this training class. In order to enhance the learning experience and outcome of this training program, we welcome your feedback on this program. All responses are anonymous, and will be reviewed and considered by Corizon, CMA and CDA's Health and Safety Committee.

Date: \_\_\_\_\_ Name of Trainer: \_\_\_\_\_

<b>Legend – Please Circle One for All Questions</b>			
<b>Agree</b>	<b>Disagree</b>	<b>N/A – Not Applicable</b>	
1. The training material provided to me today was clear, concise and accurate.	Agree	Disagree	N/A
2. My trainer was prepared for the training class today.	Agree	Disagree	N/A
3. I feel that I have been provided with the tools to perform my job safely and securely.	Agree	Disagree	N/A
4. If there is an incident, I am confident that my direct supervisor or HSA can resolve the problem.	Agree	Disagree	N/A
5. If there is an incident, I know who to call to report the incident.	Agree	Disagree	N/A
6. I am confident that Corizon, CMA and CDA's Senior Management cares about my safety.	Agree	Disagree	N/A
7. This training class is relevant to working in a correctional facility.	Agree	Disagree	N/A

Please indicate the most informative area of today's training:

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Please indicate what area of the training needs improvement:

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Overall suggestions/recommendations for future Workplace Violence, Safety & Security training classes:

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Thank you for your feedback!





## MEMO

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**To:** Corizon Health Employees  
**From:** Angela Gildehaus, Director Workers' Compensation  
**Date:** July 27, 2015  
**RE:** Workplace Violence Prevention Communication

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Corizon Health takes the safety and security of our staff very seriously. In the next several months we have dedicated additional resources to review, monitor and improve your safety and security. You, as employees, play a critical roll in our desired success.

Attached is our current Workplace Violence Prevention (WVP) Policy. The policy provides information about how to report an incident of workplace violence and hazardous workplace conditions. All events or potential workplace violence conditions must be reported to site leadership immediately. Corizon Health has a zero tolerance for retaliation against any employee for making a complaint or voicing a concern about safety and security or reporting a workplace violence incident.

Corizon Health is committed to protecting employees from workplace violence. As part of this commitment, Corizon Health is enhancing the current Workplace Violence Prevention Program. We will be rolling out an improved workplace violence prevention program that will include additional education, training, hazard assessments and improvements to our reporting systems.

We are looking forward to your employee participation in this most important initiative to improve employees' safety and security.



**CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK P.C.**



**CORRECTIONAL DENTAL ASSOCIATES OF NEW YORK P.C.**

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**MEMORANDUM**

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**TO: All CORIZON HEALTH EMPLOYEES**

**FROM: HUMAN RESOURCES AND EXECUTIVE LEADERSHIP at CORIZON HEALTH**

**DATE: August 14<sup>th</sup>, 2015**

**RE: Sexual harassment by patients**

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Over the course of the past year, Corizon Health is proud to state that through collaboration with staff, unions and government agencies, significant progress has been taken in the effort to improve the work environment for our employees.

Although we acknowledge that the potential of incident is not able to be completely alleviated due to the type of environment that we work in, we stand firm in that Corizon Health still maintains a zero tolerance policy of any type of harassment by patients to staff – whether it be verbal threats of violence, splashings, physical contact or comments or body language that is sexually explicit in nature.

In the event that you feel that you are being, or have been victimized or violated by a patient in any sexual manner, including unwelcomed sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature, please promptly tell your supervisor. You can also report the complaint to the Department of Corrections at 718-204-0378 or directly with the Clinic Captain in your facility. Corizon Health supports an employee's independent decision to file an incident report with the Department of Corrections, free from the fear of retaliation, to have an infraction filed against the patient. Furthermore, you also have the right to file formal charges against a patient, should an event reach that threshold.

In the best interest of an individual provider of care, as well as the availability of care, each case will be reviewed on a case-by-case basis to determine if moving of the patient is feasible.

For more information, please also refer to our Workplace Violence Prevention Program that was rolled out in November 2014, which can be found on the Intranet under 'HR Policies'.

Thank you for all that you continue to do for our patients.



# Exhibit 12



									FOLLOW-UP		
Department	Status (F/T, P/T, PRN)	Location of Incident	Date/Time Initially Reported	Reported by: (Name, Title)	Type of Incident (Verbal Threat, Splashing, Physical Assault, Attempted Physical Assault)	Did Employee Return to Work ( Yes or No)	Date Returned To work ( Time loss from work if any)	Worker's Compensation Claim	Action(s) Taken by Corizon Health	Action(s) Taken by D.O.C	Closing Summary
Medicine	Various	Medical Treatment Room- Dorm 2	1/4/15 11:21 am	R.Hughes, OIA	Attempted Physical Assault	Yes	N/A	N/A	Panic alarm was activated by Medical Staff	Captain Tillery and DOC team responded immediately in the removal of patient	Patient will be infracted and removed from the facility
Medicine	F/T	NIC Dorm 3 Bing	1/5/15 12:00 pm	B. Parboo, H.S.A	Verbal Threat	Yes	1/5/15	N/A	N/A	N/A	Dep Warden R. Grayson confirmed patient would be transferred to another facility Per B.Parboo Patient transferred to GRVC 1/5/15
Mental Health	F/T	AMKC Modular 1- Lower B	1/6/15 2:15 pm	COD - Central Operations Desk	Splashing	No	1/7/15	N/A	N/A	Charges will be brought against the patient	No injuries reported  Video Surveillance available
Mental Health	F/T	AMKC - C71 CAPS	1/6/15 5:30 pm	I.Davidson, Cln Sup	Physical Assault	No	1/7/15	N/A	Employee was escorted to c95 clinic by Dr. Davidson to be medically evaluated. She was cleared by PA Bharat	N/A	N/A
Mental Health	F/T	GRVC Hallway Outside of Bldg. 11	1/7/2015 8:39 am	C.Minervini, MH Unit Chief	Physical Assault	Yes	1/7/15	N/A	Follow-up call to employee on 1/8/15	Patient has been moved to OBCC	N/A
Medicine	P/T	NIC	1/16/15 3:02 pm	COD - Central Operations Desk	Attempted Physical Assault	Yes	1/16/15	N/A	Employee seen by PA Schwaner following the incident. Case was discussed with urgi care	N/A	Video surveillance available Employee was able to return to work
Mental Health	F/T	AMKC - C71	1/17/15 4:15 pm	J. Laevsky, Cln Sup	Attempted Physical Assault	Yes	1/17/15	N/A	Patient was evaluated by Psychiatrist on duty and sent out 3 hour run to the hospital	Staff was able to subdue and detain patient immediately	Employee did not sustain any injuries and declined Medical services



# Exhibit 13





## Additional Work Time Authorization

*this form must be completed before any additional time is worked*

Authorization to work additional time is hereby granted to (this authorization only covers up to a one week period Sunday thru Saturday):

Linde Unweland  
(Print Employee Name)

MH CLINICIAN  
(Title)

AMKC  
(Home Site)

(Title of Assignment if Different than above)

or the following assignments:

Site	Hours	Date	Total Hours	Rate	Reason Code**
1. <u>AMKC</u> from <u>12</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM to <u>8</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<u>4/28</u>	<u>7.5</u>	<u>OT</u>	<u>00</u>
2. _____ from _____ <input type="checkbox"/> AM <input type="checkbox"/> PM to _____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
3. _____ from _____ <input type="checkbox"/> AM <input type="checkbox"/> PM to _____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
4. _____ from _____ <input type="checkbox"/> AM <input type="checkbox"/> PM to _____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
5. _____ from _____ <input type="checkbox"/> AM <input type="checkbox"/> PM to _____ <input type="checkbox"/> AM <input type="checkbox"/> PM					

If any of above lines are not completed they must be lined out or deleted if the form is completed electronically:

The additional work times rate codes are:

ML - Moonlighting

OT - Premium Rate ( 1 1/2 time regular rate)

AC - Additional Compensation (exempt employee)

\*\*The additional work time reason codes are:

- |                            |                                    |
|----------------------------|------------------------------------|
| 00 Vacancy                 | 07 Training/CME                    |
| 01 Annual/Personal/Holiday | 08 Training/In-service             |
| 02 Medical Leave           | 09 Jury Duty                       |
| 03 Military leave          | 10 Union Leave                     |
| 04 Leave Without Pay       | 11 Emergency/Bereavement           |
| 05 Suspension              | 12 Special Project/Additional Work |
| 06 Sick                    |                                    |

Additional Information if necessary:

Linde Unweland, LSW

I certify that the above information is accurate:

Diana Novak, MA, LMHC

(H.S.A./ON-SITE AND ADMINISTRATION)

Mental Health Unit Manager

2/7/11  
(Date)

~~Additional Compensation - Exempt Employee - Requires the approval of the Regional Vice President.~~

☐ Approve

☐ Disapproved

(Regional Vice President)

(Date)

Note: This form must be filled out completely, legibly and in accordance with department policy and procedures.

Distribution

☐ Operations

☐ H.S.A.

☐ Department Head

☐ Employee

\* The H.S.A. of the facility where the assignment was worked as well as the H.S.A. of the employee's home site (if different) must receive a copy of this form

CONFIDENTIAL

CORIZON\_000290



# Exhibit 14



New York City Department of Correction



RB: A No

Inmate  
**RULE  
BOOK**

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- 10/12/2007 -



c) **Prohibited conduct.**1) Arson (setting fires)**Grade I:**

100.10: An inmate is guilty of arson when he or she intentionally starts or attempts to start any fire or causes or attempts to cause any explosion.

2) Assault and Fighting**Grade I:**

101.10: An inmate is guilty of assault on staff when he or she injures or attempts to injure any staff member, or when he or she spits on or throws any object or substance at any staff member. Assault or attempted assault on staff is always a Grade I offense.

101.11: An inmate is guilty of Grade I assault when he or she injures any other person, or when he or she spits on or throws any object or substance at any other person.

101.12: An inmate is guilty of Grade I assault on an inmate when he or she injures any other inmate or when he or she spits on or throws any object or substance at any other inmate.

101.13: An inmate is guilty of assault with a weapon when he or she uses any item to assault or attempt to assault any person.

101.14: An inmate is guilty of Grade I fighting when he or she engages in a physical struggle with another inmate that results in injury to any person.

**Grade II:**

101.16: An inmate is guilty of Grade II assault when he or she attempts to injure any person other than a staff member, without using a weapon, but does not cause injury.

101.17: An inmate is guilty of Grade II fighting when he or she engages in a physical struggle with another inmate that does not result in injury.

**Grade III:**

101.18: An inmate is guilty of Grade III fighting when he or she engages in a non-violent physical struggle with another person such as horseplay, boxing, wrestling or sparring.

3) Bribery**Grade I:**

102.10: An inmate is guilty of bribery when he or she gives or attempts to give any benefit including but not limited to money or valuable items, to any person, with the intent of influencing that person's conduct or obtaining a benefit for himself or herself.

4) Contraband**Grade I:**

103.05: Inmates shall not possess any tobacco-related products including, but not limited to, cigarettes, cigars, loose tobacco, chewing tobacco, rolling paper, matches and lighters.

103.07: Inmates shall not sell exchange or distribute tobacco-related products including, but not limited to, cigarettes, cigars, loose tobacco, chewing tobacco, matches and lighters.

103.08: Inmate shall not make, possess, sell or exchange any amount of alcoholic beverage.



23) Sex Offenses

**Grade I:**

122.10: Inmates shall not force or in any way coerce any person to engage in sexual activities.

**Grade II:**

122.11: Inmates shall not voluntarily engage in sexual activity with any other person

122.12: Inmates shall not expose the private parts of their bodies in a lewd manner

**Grade III:**

122.13: Inmates shall not request, solicit or otherwise encourage any person to engage in sexual activity.

24) Smuggling

**Grade I:**

123.10: Inmates shall be guilty of Grade I smuggling if, by their own actions or acting in concert with others they smuggle weapons, drugs or drug-related products, alcohol, tobacco or tobacco related products, or escape paraphernalia into or out of the facility.

**Grade III:**

123.11: Inmates shall be guilty of Grade III smuggling if, by their own actions or acting in concert with others, they smuggle contraband other than that listed in section 123.10 of these rules.

25) Stealing, Possession of Stolen Property

**Grade II**

124.10: Inmates shall not steal property belonging to any other person or to the City whether that property is of any or no monetary value.

**Grade II:**

124.11: Inmates shall not possess property belonging to any other person or to the City whether that property is of any or no monetary value.

26) Tampering With Documents

**Grade II:**

125.10: Inmates shall not destroy, tamper with, change, counterfeit or give other inmates any institutional documents, passes or ID Cards.

125.11: Inmates shall not forge the signature of staff, an inmate, or any other person on any documents, institutional or otherwise.

27) Tampering with Security Devices

**Grade I:**

126.10: Inmates shall not tamper with, destroy, or sabotage any security related devices or equipment.

28) Threats

**Grade I:**

127.10: Inmates shall not make any threat whether spoken, in writing, or by gesture, against any staff member.

**Grade II:**

127.11: Inmates shall not make any threat whether spoken, in writing, or by gesture, against any person other than a staff member.



3) The Adjudication Captain will recommend whether you should remain in CC or CC/PC to the Chief of Facility Operations in writing within one (1) business day after the hearing. You will receive a copy of the decision of the Chief of Facility Operations or designee

4) If you are placed in CC or CC/PC the Department will review your case every twenty-eight (28) days to see if you should remain in CC or CC/PC. You will be notified in writing of the results of that review.

5) If you request a hearing you will have the following rights.

i. To personally appear;

ii. To be informed of the evidence against you that resulted in the designation;

iii. The opportunity to make a statement;

iv. To call witnesses subject to the Adjudication Captain's discretion;

v. To present evidence;

vi. The right to a written determination with reasons

(d)Miscellaneous

1) If you are illiterate, if your case is very complicated, or a pre-hearing transfer has restricted access to potential witnesses, you have a right to be helped by a "hearing facilitator" (not a lawyer). In hearings other than disciplinary infraction hearings, the Department may in its discretion allow you to have a lawyer present who is willing to represent you.

2) If you do not understand English an interpreter will be provided

3) The proceedings of the hearing are recorded

**§ 1-05 Penalties**

a) Introduction

If you are found guilty of violating a Department rule of conduct, your penalty will depend on the seriousness of your offense Grade I offenses are the most serious and Grade III offenses are the least serious. The penalty will also depend on the facts and circumstances of your case. If you have a good explanation or justification for your actions – what is known as "mitigating circumstance you may receive a less severe penalty.

Any of the penalties set forth below, or a combination of them, may be imposed on you for violating Department rules of conduct.

b) Reprimand

You may lose one or more privileges, temporarily or permanently except that:

i. You will not be deprived of the right to receive visitors, although contact visits may be replaced with non-contact visits.

ii. You will not be deprived of the right to send or receive mail;

iii. You will not be deprived of the right to contact legal counsel;

iv. You will not be deprived of the right to have recreation as a sanction for an infraction.



c) Loss of Good Time

If you are sentenced and serving your time in a Department facility, you may lose good time.

- i. You may lose all your good time for a Grade I offense.
- ii. The maximum that you can lose for a Grade II offense is two-thirds of all of your good time.
- iii. The maximum that you can lose for a Grade III offense is one-third of all of your good time.

d) Punitive Segregation

- i. The maximum period of punitive segregation for a Grade I offense is ninety (90) day & for each disciplinary charge.
- ii. The maximum period for a Grade II offense is twenty (20) days for each disciplinary charge.
- iii. The maximum period for a Grade III offense is ten (10) days for each disciplinary charge.

e) Restitution

If you are found guilty of damaging or destroying City property you may be ordered to pay restitution, which can be as much as the replacement cost of the item or property, plus the labor costs of fixing or replacing the item you damaged or destroyed. If you are found guilty of an assault that causes a need for medical services, you can be ordered to make a restitution payment towards the cost to the city of providing such medical services.

f) Repeated offenses

The third time you are found guilty of a rule of conduct violation for the same offense during the same period of incarceration, you may be sentenced to a penalty that applies to the next higher grade of offenses. For example, the third time you are found guilty of violating a specific Grade III offense during the same period of incarceration, you may be given a Grade II penalty. Similarly, the third time you are found guilty of violating a specific Grade II offense during the same period of incarceration, you may be given a Grade I penalty.

g) Surcharge

A disciplinary surcharge, in the maximum amount allowed by law may be imposed on you for violating a rule of conduct.

**§ 1-06 Appeals**

You have the right to appeal an adverse decision rendered by the Adjudication Captain within two (2) business days of service of the decision. If you have been sentenced to a total of thirty (30) days or more of punitive segregation or loss of all your good time on any one (1) Notice of Disciplinary Disposition (6500D), your appeal shall be forwarded to the General Counsel in the Department's Legal Division within five (5) business days of the receipt of your appeal, you will receive a written decision from the General Counsel regarding such appeal, unless further documentation/information is required by the General Counsel to decide your appeal. In those cases, the five (5) business day limit shall be extended and the reasons for the extensions will be noted on the General Counsel's decision to you if you receive an unfavorable decision from General Counsel within ten (10) business days of the receipt of your appeal, you may file a petition for a writ under Article 78 of the CPLR. If you are sentenced to less than thirty (30) days punitive segregation or loss of less than all of your good time, you may appeal that decision to the Warden of the facility where the infraction occurred.



# Exhibit 15





Correctional Medical Associates of New York, P.C.  
Correctional Dental Associates of New York, P.C.  
Department of Human Resources  
49-04 19<sup>TH</sup> Avenue Astoria, NY 11105  
Tel: (347)774-8000 Fax: (347)774-8155

March 7, 2014

Re: Serena Thompson

To Whom It May Concern:

*Please accept this letter as verification of employment for the above named. Serena Thompson is currently employed as a full time Mental Health Clinician with Correctional Medical Associates of New York, P.C.*

*Start Date: 09/17/2012*

*Hourly Rate: \$31.26*

*If you have any questions please call me at 347-774-7291.*

Sincerely,

A handwritten signature in black ink, appearing to read "Johanna Villanueva".

Johanna Villanueva  
Executive Assistant, Human Resources





*March 30, 2011*

*Re: Linda Unneland  
SS #: xxx-xx- [REDACTED]*

*To Whom It May Concern:*

*This letter is to verify that the above referred individual is employed with Prison Health Services – Correctional Healthcare since September 13, 2010 as a full-time (37.5hrs a week) Mental Health Clinician. Her current annual base salary is \$ 63,308.70.*

*If you have any questions, please call me at (718) 777-3490.*

*Sincerely,*

*Carlos E. Ferreras  
PHS – Department of Human Resources*





*Personal and Confidential*

*August 13, 2010*

*American Embassy*

*Re: Ljubicic, Sanja*  
*SS #: [REDACTED]*

*To Whom It May Concern:*

*This letter is to verify that the above referred individual is employed with Prison Health Services since November 17, 2008 as a full-time (37.5 hrs a week) Mental Health Clinician. Her current annual salary is \$53,745.90.*

*If you have any questions, please call me at (718) 777-3490.*

*Sincerely,*

  
*Carlos E. Ferreras*  
*H.R. Department*





CORRECTIONAL MEDICAL ASSOCIATES OF NY, P.C.  
CORRECTIONAL DENTAL ASSOCIATES OF NY, P.C.

Department of Human Resources  
49-04 19<sup>TH</sup> Avenue, Astoria, NY 11105  
Tel: (347) 774-8000 Fax: (347) 774-8155

Greenberg, Naomi Keren  
21-71 27th Street  
Astoria, NY, 11105

**Notice of Pay Rate and Payday under Section 195.1 of the New York State Labor Law**

Under New York State Law Section 195.1 as your employer, Corizon is required to notify each employee of their current pay rate. Your current rate of pay is listed below. Please retain for your records.

Employee #: 001194

Company: NY1

Start Date: 6/18/2012

Full Time/Part Time/ PRN: Full-Time Job Title: RKR MHClinician

Your rate of pay per hour: 27.5448

Your overtime rate of pay per hour: 41.3172

Designated pay day: Every other Friday

Sincerely,  
Jerome P. Donahue  
Director of Human Resources



# Exhibit 16



**Thompson, Serena**

---

**From:** Leibowitz, Neil  
**Sent:** Wednesday, February 19, 2014 5:28 PM  
**To:** Dist - Rikers MH  
**Subject:** Mental Health Update

Good afternoon:

In light of recent discussions with staff and events that have occurred over the last several months, I wanted to take the opportunity to update you on issues and initiatives that are going on in our department. I hope to send out periodic updates throughout the year.

#### Safety

We have had an island wide increase in assaults on staff. This has crossed multiple disciplines and departments. The majority of these have been splashings but we have also had several physical assaults as well. While these events are a terrible thing for our providers to endure, fortunately, we have not had any serious injuries or staff hospitalizations. That said, on an administrative level we have done a great deal of soul searching and have delved into the how we can make this a safer place for our staff and patients.

We have conducted meetings with DOC and DOH to improve both the facility and the DOC lines of sight/officer posts. We have also begun to work with all three of our unions in conjunction with DOC, DOH, COBA and the board of corrections to improve staff safety. We will keep you apprised of the results. Additionally, several other initiatives are in the works including more staff training on safety.

I want staff to be aware that if you find yourself in a position where your safety is compromised, please feel empowered to ask for help. When there are supervisory staff available, ask them to intervene. On off tours, please call operations for help. They will be able to intervene or direct your call to the administrator on call so we can support you or figure out the best way to proceed. Our foremost commitment is to keeping you and our patients safe. Please familiarize yourself with a patients past history and current situation and if needed you may ask for a patient to be cuffed during your visit. The take home message is that while DOC has a job to do (which may be getting a patient seen quickly), do not feel pressured to put yourself in a compromised position.

#### Programming

Over the past year we have expanded programming by opening two types of new units. Restrictive housing units (RHU) & Clinical Alternative to Punitive Segregation (CAPS). They have replaced MHAUII for patients that due to mental health issues are not appropriate for the Bing. While the criteria are lengthy, the basic tenet is that SMI patients are placed in CAPS units. These units allow for full lockout (similar to MO's) and provide significant programming. Patients are discharged when they meet treatment goals (as opposed to complete days owed.) The RHUs are generally for patients with significant mental health issues but are not SMI. These units are programming units which as patients go through the program, they receive increasing lock-out time. If they complete the program (about 60 days), they receive a time cut with the rest of their days held in abeyance. Additionally, there is a small unit on 12 main in GRVC for those patients who are our most challenging where we try to meet their treatment needs in a more restrictive setting. In opening these units,



we continue to grow and learn from what we did well and more importantly from our mistakes in the hopes that we can create a more therapeutic experience for our patients.

#### Patient Care

With the opening of Central Intake (to process new admissions from all male facilities sans MDC and adolescents), along with the opening on MO beds in GRVC we have been working to reshuffle our staffing matrix to better reflect the needs of each facility. This too has had some growing pains and we are doing our best to address vacancies due to opening of CAPS/RHU (new positions) and normal staff attrition as well as meet facility needs. Unfortunately the inclement weather this winter has placed an added burden on all of us and has us playing constant catch up. I appreciate all your efforts volunteering to stay/do overtime to help us meet an ever increasing patient needs.

#### Clinical Care

I want to continue to keep us all focused on good clinical care and strong documentation. Please use your supervisors as a resource to answer questions and help with the ever changing policies and documentation needs. I think today's grand rounds reminded us that we are different from DOC and we have the power to be agents of change to our patients and it starts with a thorough encounter.

#### Stay tuned

We are working on Grand Rounds speakers this year, trainings and refreshers that we hope will benefit you. I hope to have more to report in the coming months. My goal is to send out an update several times a year to keep you abreast of where we are at. As email is always somewhat limiting, we are going to get to know you better be it in small groups at a facility level or in possibly in a larger more formal setting.

On a personal note, despite my often rushing when you may see me, feel free to stop me in the hall, the clinic etc. and share your thoughts and ideas or just check in. I welcome and enjoy hearing from each of you.

As always, thank you for all you do.

Neil



~~X~~

**Thompson, Serena**

---

**From:** Messineo, Kathryn  
**Sent:** Monday, November 30, 2015 10:28 AM  
**To:** Thompson, Serena; Leibowitz, Neil; Konrad, Shane; Hyde, Dorrell; Brace, Kristila; Simpson, Justin; Sottile, Giuseppe  
**Cc:** Petraro, Anne; Michael, Tommy; Ward, Jihan; McClure, Douglas; Mims, Jerry; Kent, Carl; Costella, Jenny; Morgan, William; Holtzman, Ashley; Gershfield, Gary; Blair, Tony; Greene, Robert; Killian, Stanley; Sabblah, Cornelius; Medich, Sanja  
**Subject:** RE: Incident on MOD 11A

Good morning,

Unfortunately the placement and transfer of patients is an ongoing DOC issue. We are in weekly meetings discussing these issues and we work in conjunction with them to move out very aggressive and dangerous patients. There are a number of predatory slashers and other violent inmates who attempt to get into the MO units who we work very hard to send back to GP and keep our staff as safe as possible. A few examples of them are C [REDACTED] G [REDACTED] A [REDACTED] T [REDACTED] E [REDACTED] M [REDACTED] etc. I understand that there are a number of high classification violent patients who do make it onto the units. We have spoken with medical, on-call, MH in GP, and administration in regards to the transfer of these type of patients especially on watch. However, it is unrealistic that we will be able to prevent every transfer in or even be able to get every transfer out in a timely manner when we work within multiple systems. There is also the issue that in some instances these patients may require a higher level of care and at this time there are no other options except for them to be on an MO unit. It is a serious safety issue that we have brought to both DOC and MH administration's attention. We will continue to work with DOC to try to prevent the transfer of violent and inappropriate patients to the MO and also in transferring out problematic patients.

Thank you.

***Kathryn Messineo, Ph.D.***

**Clinical Supervisor, AMKC-71**

Rikers Island Correctional Facility

Correctional Medical Associates Of New York, P.C.

Office: 347.774.7503

Fax: 718.546.3891

E-Mail: [Kathryn.Messineo@CorizonNYC.com](mailto:Kathryn.Messineo@CorizonNYC.com)

Mailing: 49-04 19th Avenue | Astoria, NY 11105



[www.CorizonHealth.com](http://www.CorizonHealth.com)

*Please consider the environment before printing this email.*

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**Thompson, Serena**

---

**From:** LaGrange, Beth  
**Sent:** Tuesday, May 14, 2013 5:47 PM  
**To:** Thompson, Serena; Donovan, Janine; Rodriguez, Kristina  
**Cc:** 'John.Gallagher@doc.nyc.gov'; Minervini, Christina; Asaro, Jesika  
**Subject:** RE: RHU Team Meetings

This meeting has been re-scheduled for Wednesday, 5/15 at 3:00. There is a possibility that it will be off the unit, but if you don't hear differently, we'll plan on meeting in the bubble for now.

**Beth LaGrange, Ph.D.**  
*Clinical Supervisor, AMKC RHU*  
*Rikers Island Correctional Facility*

**CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.**

Office: 347-774-7503

Fax: 718-546-3891

E-Mail: [beth.lagrange@CorizonNYC.com](mailto:beth.lagrange@CorizonNYC.com)

Mailing: 49-04 19th Avenue | Astoria, NY 11105

Please consider the environment before printing this email.

➤ **From:** LaGrange, Beth  
**Sent:** Wednesday, May 08, 2013 4:05 PM  
**To:** Thompson, Serena; Donovan, Janine; Rodriguez, Kristina; Scheuerman, Damien  
**Cc:** 'John.Gallagher@doc.nyc.gov'; Minervini, Christina; Asaro, Jesika; Harris, Andiea  
**Subject:** RHU Team Meetings

Next Monday, 5/13/13, we will commence a weekly 3:00 team meeting on the unit with the officers from both tours, as well as Dep Gallagher. We had been waiting for steady officers/captains to start these meetings, but we have at least a few steadies in place at this point, and Dep Gallagher and I don't think we can wait any longer to begin what we believe will be very helpful meetings. I know that you already talk a great deal with the officers on your respective shifts on a daily basis, but this should help us get more on the same page across shifts, and give the officers more direct input into levels decisions.

**Beth LaGrange, Ph.D.**  
*Clinical Supervisor, AMKC RHU*  
*Rikers Island Correctional Facility*

**CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.**

Office: 347-774-7503

Fax: 718-546-3891

E-Mail: [beth.lagrange@CorizonNYC.com](mailto:beth.lagrange@CorizonNYC.com)

Mailing: 49-04 19th Avenue | Astoria, NY 11105

Please consider the environment before printing this email.



**Thompson, Serena**

---

**From:** Donovan, Janine  
**Sent:** Monday, December 23, 2013 3:49 PM  
**To:** Romano, Israel; Hyde, Dorrell; Harris, Andiea  
**Cc:** Kennedy, Lauren; Thompson, Serena  
**Subject:** RHU New Unit Concerns

Hi All,

This is a list of concerns that Serena and I have in lieu of the new RHU unit opening. We planned on meeting with Dr. Harris to discuss these concerns, however since we might not meet until after the unit opens, I would like to share some of the issues with you beforehand.

\*We still do not have handcuffs on the unit. I was able to utilize a daisy chain today, however that is not the safest method, and it still does not allow for the amount of patients that we need to accommodate for group. The Captains have recently been denied additional handcuffs by control, as Captain Lewis reported today. If we do not have handcuffs for this unit, how are we going to afford the program to patients on the additional unit opening?

\*We still do not have a steady Captain for the RHU. Every day we receive a new captain who is not necessarily familiar with the program. This makes it more difficult for needs to be addressed, as Captains rely heavily on Dep Stuke's direction, because they are not aware of RHU procedures

\*There is not a full team of steadies in the current RHU on the 3-11. As we know, consistency and having steady officers who understand the program is key. A new unit is opening, and as far as I am aware, steady officers have not been designated the appropriate posts.

\*It will not be feasible for Serena and I to afford everyone their group and activity time on both units during the morning shift without evening staff in place. Also, importantly, to avoid the splitting and miscommunication that ultimately are the downfall of a program like this, we need to make sure the staff is properly trained for the RHU.

\*We continue to struggle with safety concerns on the RHU. Including patients who have gotten out of their cells multiple times. This is a problem we had not encountered on QL8.

If we could put a plan in place as far as staffing that would be great. We are unsure how to orient the new patients to the program if it is yet to be determined how they will be afforded programming in the evenings. We do not want to start off informing them of their program opportunities if they are not guaranteed to participate at the moment.

Thank you all for your attention to the matter, it is greatly appreciated!

Janine & Serena

Janine Donovan, LMHC  
Rikers Island Correctional Facility  
AMKC, R.H.U.



**Thompson, Serena**

---

**From:** LaGrange, Beth  
**Sent:** Tuesday, April 16, 2013 12:31 PM  
**To:** Thompson, Serena; Donovan, Janine  
**Subject:** FW: Handcuffs

Fyi, see below. I'll let you know if I hear anything back. Dr. Harris also suggested I bring it up tomorrow at a meeting w/ the new Supervising Warden. Here's hoping something will budge!

**Beth LaGrange, Ph.D.**  
*Clinical Supervisor, AMKC RHU*  
*Rikers Island Correctional Facility*

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**From:** LaGrange, Beth  
**Sent:** Tuesday, April 16, 2013 12:25 PM  
**To:** 'Luis.Rivera@doc.nyc.gov'  
**Cc:** 'John.Gallagher@doc.nyc.gov'; Minervini, Christina  
**Subject:** Handcuffs

Hi Warden Rivera, I'm wondering when we might expect to get more handcuffs in the RHU. As I think you're aware, we have not had enough for awhile now. Thus, the officers have resorted to using ankle cuffs as handcuffs, and now are using some sort of long chains that connect multiple patients. I'm not comfortable with this as a long-term solution, and thus the lack of cuffs is going to interfere with holding groups and activity time. The officers on the unit assure me that "everyone" knows about the shortage, including security – but I just wanted to reach out to you personally in case there is anything you can do.

Regards,

**Beth LaGrange, Ph.D.**  
*Clinical Supervisor, AMKC RHU*  
*Rikers Island Correctional Facility*

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**Thompson, Serena**

---

**From:** LaGrange, Beth  
**Sent:** Wednesday, April 24, 2013 9:02 AM  
**To:** Thompson, Serena; Donovan, Janine  
**Subject:** FW: Hand cuffs & Concerns

Fyi, see below. I'll keep you posted.

**Beth LaGrange, Ph.D.**  
*Clinical Supervisor, AMKC RHU*  
*Rikers Island Correctional Facility*

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**From:** Harris, Andiea  
**Sent:** Wednesday, April 24, 2013 8:57 AM  
**To:** LaGrange, Beth  
**Cc:** Minervini, Christina; Selling, Daniel; Panove, Elena; Anthony Waters  
**Subject:** RE: Hand cuffs & Concerns

Good morning and welcome back!

We were hoping to address the issues at the Chief's mtg which is now scheduled for this Friday at 10am. I'm also copying Drs. Selling, Panove and Waters on this email as I had informed them and need to see this follow up.

Thank you.

**A. Harris, Ph.D., CCHP**  
**Mental Health Deputy Director**  
**Rikers Island Correctional Facility**

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**From:** LaGrange, Beth  
**Sent:** Wednesday, April 24, 2013 8:49 AM  
**To:** Harris, Andiea  
**Cc:** Minervini, Christina  
**Subject:** FW: Hand cuffs & Concerns

Good morning Dr. Harris, I just wanted to let you know that there are still not enough handcuffs on the unit (see Serena's update below). I never heard anything back from Warden Rivera about when we might expect to get more. Also, despite regularly explaining the program and how behavioral reinforcements work to the officers on the unit, as well as discussing specific individualized plan (i.e., the individual described below), we are still having difficulty getting



them to work with us. I will email Dep Gallagher later and ask him to reinforce with the officers. I really think they will respond better if the directives come from within (DOC) rather than from mental health. Yesterday, there was a search of the unit, which yielded 3 weapons, as well as one of the pts attacking another during the search.

**Beth LaGrange, Ph.D.**  
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*Rikers Island Correctional Facility*

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**From:** Thompson, Serena  
**Sent:** Monday, April 22, 2013 1:02 PM  
**To:** LaGrange, Beth  
**Cc:** Minervini, Christina; Asaro, Jesika  
**Subject:** Hand cuffs & Concerns

Hi Dr LaGrange

I just wanted to inform you that we still do not have the proper amount of hand cuffs on the unit. Today I believe we had three. Captain Blair was notified and she stated that she would speak with Dep. Gallagher.

Additionally, Officer Daif has been working on the unit this past week and today. He has been taking L [REDACTED] out of his cell and allowing him to walk up and down the tier allowing him to speak with other inmates in their cell. He was taking L [REDACTED] back and forth to law library and some days he provided L [REDACTED] with three showers even though he was acting out. It is becoming a security concern as L [REDACTED] is known to have problems with some of the Pts. For instance, On Thursday L [REDACTED] was allowed out of his cell and he was standing by the dayroom instigating and insulting M [REDACTED] while he was in group. Today he opened L [REDACTED] slot and was once again unable to close it. Torres had to go on the tier and close L [REDACTED] slot. L [REDACTED] had a bottle filled with urine he was planning on throwing at someone. Is it possible to ask that his officer not be able to take the post anymore? It is getting out of hand.

Thank you.

**Serena Thompson, LMSW**  
**Rikers Island Correctional Facility**  
**Correctional Medical Associates of NY, P.C**  
**18-18 Hazen Street**  
**East Elmhurst, NY 11370**  
**[Serena.Thompson@CorizonNYC.com](mailto:Serena.Thompson@CorizonNYC.com)**



**Thompson, Serena**

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**From:** Thompson, Serena  
**Sent:** Thursday, November 20, 2014 9:06 AM  
**To:** Davidson, Igor; Sottile, Giuseppe  
**Cc:** Hyde, Dorrell; Kennedy, Lauren; Leung, Yat; Harris, Andiea  
**Subject:** Pt of concern

Good Morning Everyone.

I am aware that everyone knows of the situation that occurred on 1/7/14 where M<sup>M</sup> specifically threatened to kill me. When it was first discussed about him coming to CAPS, I emailed documented proof on 11/5/14 that this incident occurred. He was moved out of AMKC the following day due to this threat. I was informed that there was a meeting yesterday about this concern and it was decided to place M<sup>M</sup> in CAPS MOD 1LA. Despite the fact that this is not the side I work on, this is very concerning as the patient will daily be in close proximity and patients frequently come onto the bridge. There are often times when a patient is displaying threatening and aggressive behavior and they are not promptly locked in by DOC upon our requests. I am becoming increasingly uncomfortable with our safety risks being minimized.

I don't want anyone to take this personal, as I just wanted this documented in case I am physically assaulted.

Below is the documents I provided on 11/5/14:

From: Thompson, Serena  
Sent: Tuesday, January 07, 2014 10:10 PM  
To: Romano, Israel; Donovan, Janine  
Subject: Major issue

M<sup>M</sup> threatened to kill me. He then stated that there will be a slaughter on the 15th (his court date or the day before court) and people including Mental Health will be cut and killed. He also stated to ask DOC that when he says he is going to do something he is going to do it. He was angry because I told him that he needs to exhibit good behavior for a few days before he is allowed to come out. Started breaking a part his cell and then stopped.

I expect this to be taken care of somehow! He didn't just threaten to hurt me and MH he threatened to KILL.

Thanks

Serena



**Thompson, Serena**

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**From:** Thompson, Serena  
**Sent:** Friday, June 14, 2013 7:56 PM  
**To:** Minervini, Christina  
**Cc:** Donovan, Janine; LaGrange, Beth; Asaro, Jesika  
**Subject:** RHU Problems

Hello Christina.

As we all already know, there needs to be a lot of changes made during the 4-12 shift as far as the officers and or Captains. R [REDACTED] just started a fire on the unit because he was getting "amped up" (as one of the patient's stated) by T [REDACTED] and others around his cell. T [REDACTED] gave him the means to light his cell on fire. DOC procedures are not being implemented well. I would suggest looking at the cameras from 5pm to 7:30pm. I told the officers the inmates were playing with fire in the back of the tier. No one took it seriously. Then I noticed a black cloud approaching. The Dep was just in the bubble and was walking out the door. The response I got about the fire was I am going to call the Captain. I went outside and got the Dep to come back to the unit. At this point the entire tier was black. In the mean time I had to beg several officers and Captain to remove R [REDACTED] from his cell as he has asthma and was already complaining he could not breathe. It took me 20 mins before he was finally removed. He could not breathe at first because the tier was flooded. As I stated in my earlier email, W [REDACTED] flooded the tier because he lost his level. Sanitation keeps refusing to clean the unit. This occurred three days in a row. It is taking way to long to clean the tier, which stops program and escalates problems on the unit. There is really no control over the inmates and makes it a very unsafe environment. L [REDACTED] had a weapon and T [REDACTED] climbed the 3 point search and was smoking weed. If the objects were confiscated at that time, maybe he wouldn't have been able to provide R [REDACTED] with the means to start a fire in his cell.

I really hope this incident will led to some very needed changes on DOC's part.

Thanks

Serena



**Unneland, Linda**

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**From:** Leibowitz, Neil  
**Sent:** Wednesday, May 07, 2014 7:26 PM  
**To:** Dist - Rikers MH  
**Subject:** Update

Good Evening:

I wanted to start by thanking you for your patience and dedication. While we continue to have numerous initiatives in progress I thought it was important to update everyone on some of the areas we have had movement. An eCW report that you can run at any time listing the assaultive patients in your facility has been made by the eCW team. If you do not know how to find it please speak to your supervisor. Also we are rolling out a daily email to facility leadership to be distributed to staff with the list of assaultive patients in the facility. It is important that all patients requiring this code receive it, so please help us ensure the list is accurate. It has been raised that we should also have a sexual assault code. For many reasons, we would rather that if a patient is sexually assaultive, they be also listed as an assaultive patient rather than making a distinction in the chart. Additionally, we have started moving around some of the office furniture to better protect staff during encounters. Due to DOC wiring (for IT and panic alarms) and DOC security input changing around all the offices will be an ongoing project. If furniture in your office was recently moved, please do not move it back. If needed, let your supervisor know the issues with the new configuration. Finally we have opened a new and better designed Harts Island Clinic which is a significant upgrade from both a physical plant and staff safety layout. If you are in AMKC feel free to take a peek in!

Admittedly, we still have plenty of work to do and I will make efforts to update you as things move forward.

Thank you.

Neil



**Unneland, Linda**

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**From:** Unneland, Linda  
**Sent:** Friday, April 25, 2014 6:30 PM  
**To:** Menna, Nicole; Francois, Anne; Suarez, Froilan; Rodriguez, Kristina; Grabowski, Robert; Bustamante-Quon, Richard; Linick, Jessica; Petraro, Anne; Pino, Jillian; Gomez Agustin; McClure, Douglas; Evans, Richande  
**Cc:** Kennedy, Lauren; Hyde, Dorrell; Linick, Jessica; Blakney, Sandra  
**Subject:** RE: aggressive pt

I was told that this pt has a history of stabbing 2 staff persons. It is completely unacceptable to house him in a dorm!

By the way T [REDACTED] H [REDACTED], the inmate who severely assaulted Jessica Glazier in 2012, was recently brought back into this building. It took an astute inmate to recognize him and tell DOC that was not cool and they subsequently moved him.

It seems that DOC is not on top of security issues and yet we are expected to walk into dorms to accomplish our duties, potentially endangering our lives!

Linda Unneland, LCSW-R  
Mental Health Clinician, AMKC  
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---

**From:** Unneland, Linda  
**Sent:** Friday, April 25, 2014 6:14 PM  
**To:** Menna, Nicole; Francois, Anne; Suarez, Froilan; Rodriguez, Kristina; Grabowski, Robert; Bustamante-Quon, Richard; Linick, Jessica; Petraro, Anne; Pino, Jillian; Gomez Agustin; McClure, Douglas; Evans, Richande  
**Cc:** Kennedy, Lauren; Hyde, Dorrell; Linick, Jessica; Blakney, Sandra  
**Subject:** RE: aggressive pt

WHY IS DOC HOUSING HIM ON A DORM?

This is another Jessica Glazier incident waiting to happen!

Linda Unneland, LCSW-R  
Mental Health Clinician, AMKC  
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**From:** Menna, Nicole  
**Sent:** Friday, April 25, 2014 5:24 PM  
**To:** Francois, Anne; Suarez, Froilan; Rodriguez, Kristina; Grabowski, Robert; Bustamante-Quon, Richard; Linick, Jessica; Petraro, Anne; Pino, Jillian; Unneland, Linda; Gomez Agustin; McClure, Douglas; Evans, Richande  
**Subject:** aggressive pt



Hey guys

I know we were all alerted about the aggressive pt that was recently housed in Mod 11B. His name is R [REDACTED] B [REDACTED] 1411404333. I am in GMDC and working with a man that worked with the ACT team that he came from. He is VERY dangerous and has a history of attacking staff. Please be careful and forward this to anyone that you think may need to know.

Thanks! Have a great weekend everyone =)



Unneland, Linda

---

**From:** Yussuff, Fazal  
**Sent:** Thursday, September 25, 2014 4:56 PM  
**To:** Dist - All Rikers  
**Cc:** Cochran, Clair; Angela.Gildehaus@corizonhealth.com; Lee, Jessica  
**Subject:** RE: Weekly Security Alert  
**Attachments:** Weekly security SECURITY ALERT 09262014.docx

We are concerned about the safety of all of our employees. In our ongoing efforts to create a more safe work environment we will be sending out "Security TIPS" that we feel that might be helpful for all of us. If any of you have any recommendations or suggestions of topics we should address and would like for your peers to know please send me that feedback.

Please disregard the previous email.

Thanks

Fazal M. Yussuff, MPA, RN, CCHP  
Director of Operations



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**Unneland, Linda**

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**From:** Unneland, Linda  
**Sent:** Tuesday, November 04, 2014 4:28 PM  
**To:** Kennedy, Lauren  
**Cc:** Hyde, Dorrell; Simpson, Justin  
**Subject:** RE: Pt needing attention

Thanks. As of yesterday, he was reported to be turning over tables, throwing chairs, picking fights and cursing out C.O.s. He nearly engaged in a fight with another inmate (S [REDACTED] A [REDACTED]) who is normally very mild mannered. The most disturbing fact is that it appears that DOC is resistant to locking up violent, aggressive inmates in their cells even when they are engaged in violent episodes. This is a security hazard for civilians, other inmates and even the Correction Officers themselves.

Yesterday A [REDACTED] R [REDACTED] 2391413306, who is himself showing signs of decompensation, was walking around the unit with a hand-fashioned rope. This is very threatening to any civilian when the inmate is clearly aggressive. Then there is the issue of ropes hanging up in the inmates' cells, which they use for hanging up their washed clothes. These could clearly be used for self-harm, but it seems there is a tolerance in DOC for many things which seem to defy logic.

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**From:** Kennedy, Lauren  
**Sent:** Tuesday, November 04, 2014 4:15 PM  
**To:** Unneland, Linda  
**Subject:** FW: Pt needing attention  
**Importance:** High

FYI

*Lauren Kennedy, LMHC, NCC*

Mental Health Assistant Unit Manager  
Rikers Island Correctional Facility  
Anna M. Kross Center C-71  
*CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.*  
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